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ABSTRACT

Developed to meet Washington State Day Care Minimum Licensing Requirements, guidelines in this handbook concern 10 health topics. Discussion focuses on (1) preventing illness in day care settings; (2) illnesses, their treatment, ways to limit their spread, and what caregivers can do when they have a sick child at their center; (3) caregivers' responsibilities for children's health histories, physical exams, and immunizations; (4) prevention of accidents by use of indoor and outdoor safety checklists; (5) normal child growth and development from birth through the second year; (6) nutritional needs of infants and young children; (7) dental health; (8) encouragement of children's self-esteem and good behavior; (9) child abuse; and (10) community resources for more information or assistance. References for additional readings are listed. Discussion includes "decision charts" about specific symptoms which are designed to help caregivers make health care decisions. (RH)

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Child Day Care Health Handbook



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Seattle-King County Department of Public Health

PS 016813

Child Day Care Health Handbook

Seattle-King County Department of Public Health



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County Executive



City of Seattle
Charles Royer
Mayor

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*Cover photograph courtesy of the Museum of New Mexico,
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*These Cochiti storytellers are fine examples of the revitalization of
the southwest Indian figurative pottery tradition. The original
storyteller was made by Helen Cordero. She was inspired by
recollections of her grandfather telling stories to young children
gathered around him.*

Artists, from left to right

*Back cover: Juanita Arquero, Frances Suina, Seferina Ortiz,
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*Front cover: Helen Cordero, Felipa Truillo, Aurelia Suina,
Juanita Arquero*

Introduction

This handbook was written because day care providers and staff expressed a need for information and guidelines on child health.

We hope you find this handbook useful and keep it in a convenient location so that you can refer to it when problems or questions arise about child health and illness. Seattle-King County Department of Public Health has staff to answer questions about the information in this handbook and to help you adapt some of the guidelines for use in your facility. You can ask Health Department staff to visit your facility to review health policies, procedures and make suggestions. We can also help you find other community resources which may be useful to you.

Health Department phone numbers:

General Health Information and Consultation—

Seattle: 587-2761

King County: 344-6882

Communicable Disease Control and Surveillance: 587-2774

The guidelines in this handbook were developed to meet Washington State Day Care Minimum Licensing Requirements. Changes may need to be made if this information is used in day care settings outside of Washington State.

We appreciate the support and guidance provided by many health and social service professionals and day care providers in preparing this handbook. We would especially like to thank Maxine Fookson, RN, PNP, and Jeanne Bourget, RN, MN, PNP, who wrote the original draft. We would also like to thank Miriam Gray, MS, and Jane Michaels, MS, who edited the final draft, and Laura Lewis, who provided graphic design and production services.

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Preventing Illness in Day Care Settings

"An ounce of prevention is worth a pound of cure."

Prevention means stopping something before it happens. You can prevent many illnesses which can occur in day care settings through clean and safe habits. Diseases caused by germs are a major problem in day care because they are easily spread from one person to another. These diseases are called **communicable** or **contagious** diseases and include such diseases as flu, whooping cough or chicken pox.

How Germs Live

Germs are living things which are too small to be seen. They need food, water and warmth; they also like dark, wet areas. Germs live everywhere and are not harmful when they live in their proper places and numbers. However, when germs increase in number or exist where they're not supposed to, they can cause disease. For example, there is a germ called staphylococcus which normally lives on human skin and in the nose and causes no harm. If that germ gets from someone's skin or nose into food it can grow in the food. If the food is eaten the poison the germ makes can get into our stomachs and cause food poisoning.

Germs



How Germs Spread

Germs and the illnesses they cause are spread in many ways. The most common are:

- Through human waste (stool, urine).
- Through body fluids (drool, blood, snot, eye discharge).
- Through direct skin-to-skin contact.
- By touching an object which has germs on it (for example: a toy, the telephone, someone else's hairbrush).
- Through the air in drops of water from sneezing and coughing.

Germs enter the body in different ways. The most common are through the eyes, nose, mouth and broken skin. If a germ enters the body and finds a warm place to grow then illness can occur.

Preventing the Spread of Germs

You can take steps in your day care to prevent or limit the spread of germs and disease. Since any body fluid (blood, drool, urine, stool) can contain germs which cause disease, anything that is done which limits touching these fluids or prevents sharing these fluids with others will prevent disease.

Developing and using specific procedures for the following activities can prevent the spread of germs and illnesses:

- Washing hands.
- Changing diapers.
- Cleaning toys and other soiled objects and surfaces.
- Handling clothing, and bedding.
- Preparing, handling and storing food.

Each of these activities will be discussed in the rest of this chapter.

Washing Hands



The most important thing you can do to prevent illness in yourself and the children you care for is to wash your hands often! It sounds like common sense, and it is, but when you are in a hurry it is easy to forget. Germs from everywhere in the environment are picked up on the hands and can be easily passed onto food or directly passed to another person.

You may want to use liquid soap in your day care as it is both easier and cheaper to use for handwashing. Bar soap is often left sitting in a pool of water especially when various people are using it frequently. A soap bar which is always wet is a good place for germs to grow and multiply. Liquid soap is available in many drug and discount stores as well as from industrial and hospital supply companies. It can be bought in dispenser containers which can be used over again. These containers should be frequently washed and refilled when low.

Frequent handwashing can worsen sores and cuts on the hands or cracked dry skin. These areas are hard to clean and can contain germs. Having hand lotion at the sink for staff who must frequently wash their hands is a good way to prevent skin dryness and cracking. Cuts should be washed well with soap and water and kept covered with a dry, clean bandage.

Changing Diapers

Many day care settings have infants and toddlers who are in diapers. The changing area is one of the places where germs which cause disease are most likely to live and spread. There are specific State regulations (WAC 388-73-146) that deal with maintaining the cleanliness of the diapering area. These regulations state that day care settings must use disposable diapers, or, if using cloth diapers, must have them washed by a commercial diaper service or have parents wash their child's diapers at home. Rinsing or laundering cloth diapers in the day care is not permitted since there is too much risk of spreading illness from one child to another. Soiled cloth diapers may be emptied of bulky stool but should never be rinsed before being placed into a plastic-lined sealed container. It is easy to spread infection if stool gets on counters, sinks, toilets and hands. The less diapers are handled, and the shorter the distance they must go after changing, the less the risk of spreading germs.

Handwashing Procedure



Always wash your hands:

- After you use the bathroom or help a child use the bathroom.
- Before you handle food or cooking utensils.
- Before you eat.
- After you change a diaper.
- After you handle any items that may be soiled with body fluids or waste such as blood, drool, urine, stool or discharge from the eyes and nose.

How to Wash Your Hands

1. Turn on water to a warm temperature.
2. Wet hands.
3. Soap up with liquid soap by rubbing hands together for 20 seconds. Rubbing hands together loosens germs and dirt and allows them to be washed away. If hands are very dirty, soap up and rub hands together for at least 40 seconds.
4. Clean fingernails daily or when hands have become very dirty.
5. Dry hands with paper towels or hot air blow dryer. Using a cloth towel can spread germs.
6. Turn off water with the used paper towel(s) before throwing towel(s) in the wastebasket.



Diaper Changing Procedure

1. Use a cover on the changing table that can be thrown away after each child's use. (Cheaper coverings can be made by using computer paper, wax paper, clean paper bags, butcher paper.)
2. Gather all items needed for diapering and place near the changing table before beginning to change the diaper. **Never** leave a child unattended on the changing table.
3.
 - a) Place **disposable diapers** in a covered, plastic-lined container.
 - b) Place **cloth diapers** which belong to the child in a plastic bag. Seal and label it with the child's name. Send it home with the child. Soiled cloth diapers may be emptied of bulky stool into the toilet but should not be rinsed out.
 - c) Place **cloth diapers** from a diaper service in a diaper pail that has been provided for that purpose. Again the diaper may be emptied of bulky stool into the toilet but should not be rinsed out. Keep diaper pail covered and out of reach of small children.
4. Wash hands after every diaper change.
5. Wash and disinfect the changing table at least once a day and when the table becomes soiled. To disinfect means to clean with a bleach solution. This is done by spraying the surface with a solution (made of 1/8 cup of liquid chlorine bleach mixed with one quart of water), then wiping dry with a paper towel. Keep the solution in a spray bottle for easy use and make it daily as the bleach weakens over a day's time. Keep this solution and the bleach out of children's reach.



The handwashing area you use for preparing food should be physically separated from the handwashing area used after going to the toilet and changing diapers. A sink and covered, plastic-lined waste containers should be located close to the toilet and diapering area. Diaper changing and toilet surfaces should be washable and kept clean. Soiled items should be thrown away promptly and in a safe, secure place.

Disinfecting means cleaning with a bleach solution to get rid of germs. Disinfect toys, food preparation surfaces, diapering surfaces, toilet seats and sinks daily or when obviously dirty. Any store-bought liquid chlorine bleach mixed with water ($\frac{1}{2}$ cup chlorine bleach to 1 gallon of water made up daily is a good solution—see important note below).^{*} Surfaces and objects which have obvious dirt on them should be cleaned first with soap and water. Apply chlorine bleach and water solution to soiled objects and surfaces by spraying from a spray bottle or by dipping the object in the solution. The bleach solution should be made daily because it weakens over a day's time and will not be strong enough to get rid of germs. Disinfect toys daily or when obviously dirty by:

- Washing with soap and water to remove obvious dirt and dipping in chlorine bleach and water solution. Allow toys to air dry before returning them to children.
- Running toys through full wash and dry cycles of dishwasher.
- Washing cloth toys in the washing machine with detergent and water and air or machine drying them.

^{*} Note: **Important**—All cleaning solutions are poisonous and must be kept out of children's reach or locked up. Keep labels on all cleaning products and solutions and read directions before use. Store cleaning products away from foods. Do not mix cleaners such as bleach and ammonia. Doing so will release harmful fumes.

As mentioned earlier, some germs can be passed from child to object to another child. Anything that comes in close contact with the child can carry disease. To prevent this, day care regulations (WAC 388-73-406) state that certain items must be used by only one child or be laundered before being passed on to another child. Assign blankets, sheets, cots, cribs and mattresses to one child. Store bedding (sheets, pillows, blankets) individually so they do not come in contact with another child's. Plastic bags (always kept out of children's reach), blanket bags, separate drawers, shelves or cubbyholes are all ways to separate children's belongings.

Preparing, handling and storing food deserves special attention because germs may be spread during these activities and can grow quickly in food. Food-borne illnesses can cause diarrhea, vomiting,

Disinfecting Toys and Other Soiled Objects



Handling Clothing and Bedding

Preparing, Handling and Storing Food

fever and stomach pain to those eating contaminated food. Food that is not properly cooked, cooled and stored can be a perfect home for germs to grow. **Food that is left at room temperature is the most dangerous because it encourages the growth of germs.** The best way to prevent germ growth in food is to either: keep it hot (140° F. or above) or keep it cold (45° F. or below). The longer food stays at room temperature, the more likely germs will grow. Here are some practical tips to keep food safe:

- Place cooked food directly into the refrigerator. First transfer hot foods into shallow pans or containers so they will cool more quickly. Then put them immediately into the refrigerator. Cover hot food after it quits steaming. Cover refrigerated food to keep particles from falling into it.
- Use one of these methods to defrost frozen foods safely:
 - Place frozen food in the refrigerator to thaw; be sure to place it in the refrigerator well in advance of the time you will need it.
 - Thaw food under cold running water.
 - Thaw food as part of the cooking process.
 - Thaw food using the defrost setting of a microwave oven.
- Never let food thaw by sitting on the counter.
- Keep meat, fish, poultry, milk and egg products refrigerated until immediately before use because they can more easily cause food-borne illness.
- Store food in refrigerators and freezers set at these safe air temperatures. Use a thermometer to check the temperature:
 - Refrigerator: 32°– 40° F.
 - Freezer: Lower than 10° F.
- If children are going on an outing and taking their lunches, choose foods that do not spoil or take an ice chest to keep the food cool and safe. **Remember: foods should be kept hot or cold and spend as little time as possible at room temperature.**



Care and cleanliness should be stressed in all areas of the center where children eat. Never place food and utensils (cups, plates, bowls, bottles) on the floor, in the diaper changing area or in the same sink where hands are washed after diapering or toileting. These are particularly dirty areas where germs can more easily enter and spoil the food. Wash, rinse and disinfect tableware and kitchen utensils in the following way:

- Wash in the dishwasher or;
 1. Wash with detergent and hot water.
 2. Rinse with hot water.
 3. Disinfect with a cool bleach solution of 1 tablespoon of bleach per gallon of water (note this solution is weaker than one used for disinfecting toys and changing areas).
 4. Air dry.

If you cannot wash and disinfect the tableware and utensils then use disposable plates, cups, etc. to prepare and serve food. Throw

them away after using. Scrub cutting boards with hot water and detergent and disinfect daily with a bleach solution of 1 table-spoon bleach per gallon of water. Do not cut up vegetables or fruits on the same cutting board that has just been used to cut up raw chicken or meat unless the cutting board has been washed and disinfected between uses.



Baby Foods

Baby food in jars can easily spoil and cause illness. When feeding an infant put baby foods that come in jars in a separate bowl or cup. Do not directly feed from the jar. Using a clean spoon, place the amount of food you think the baby will eat into a cup or bowl. If the infant wants more food, always serve from the jar to the bowl with a clean spoon. Germs from the mouth, if left in a partially empty jar of food, can cause spoilage. If the infant does not eat the entire serving from the bowl, **it should be thrown away, NEVER placed back in the jar.**

Foods Requiring Special Care



Formula

It is important for the infant's health that formula be prepared correctly and stored safely. State day care regulations (WAC 388-73-146) concerning formula preparation and storage are written to prevent problems caused by:

- Adding too much or too little water.
- Formula spoiling or not being prepared in a way to keep germs from growing.

Spoiled formula can make infants very sick. Germs can get into formula bottles from:

- The hands, nose or throat of the person preparing the bottle.
- The counter or work area.
- A bottle that was not well cleaned.
- Unclean water used to make the formula.
- Formula stored too long.
- A bottle left at room temperature.

Day care regulations state that formula stored in a bottle should be thrown away if not used within 12 hours.

It is important to be very careful about cleanliness when preparing infant formula. Before preparation, carefully wash hands. Thoroughly wash and rinse all equipment to be used including the cans containing the milk, the bottles and nipples. The state regulations specify that "if bottles and nipples are to be reused by the facility, they must be **sanitized** by boiling for 5 minutes or more just prior to refilling." Bottles can also be **sanitized** in a dishwasher. Return formula to the refrigerator immediately after feeding an infant.

Preventing Illness in Day Care Settings



To prevent illness from shared bottles or mistakes in giving incorrect formula, label each child's bottles and formula with the child's name and the date the formula was prepared.

Refrigerate the bottles as soon as they arrive and discard formula after 12 hours.

Breast Milk

More women are now breastfeeding their babies. The working mother who is breastfeeding may send her infant to day care with bottles of breast milk. Breast milk is obtained by the mother pumping her breasts and putting the milk into a bottle. Breast milk is an excellent source of nourishment for infants. Like formula, it is important to store breast milk carefully so it does not spoil. The following are guidelines for storing breast milk:

- Label bottles of breast milk brought to the center with the child's name and date, then **promptly** refrigerate.
- Use breast milk on the day it is brought into the center.
- Throw away all milk not used within 12 hours.
- Never give breast milk intended for one child to another.

Breast milk may appear thinner, paler or even bluish in color compared to formula. This is normal. If it has been stored properly, it is completely safe and very nutritious for the infant.



Illness

In the first chapter we talked about ways you can prevent illness from spreading in your day care. In this chapter we will tell you what some of these illnesses are, how they can be treated and what you can do when you have a sick child at your day care.

Communicable or contagious diseases are illnesses caused by germs such as bacteria, viruses or parasites and spread from an infected person, infected animal or contaminated object (toys, spoiled food, dirty hands, soiled diapers) to another individual. Since many people may have a communicable disease without showing any symptoms of illness, day care staff need to be careful at all times about handling body fluids (drool, stool, blood, snot and discharge from eyes). They should wash their hands:

- After performing any activity that involves handling body fluids.
- After using the bathroom or helping a child use the bathroom.
- Before any activity that involves handling food or cooking utensils.
- Before eating.
- After changing a diaper.

Children and staff with symptoms of communicable disease are often more likely to spread the disease to others. You may want to consider excluding them from day care. The following guidelines are presented to help you when determining if someone should be excluded. Children and staff with the following symptoms may have a disease easily spread to others, and you may want to exclude them from day care.

- **Diarrhea:** Increased number of watery stools in a 24-hour period. See pages 25-26.
- **Vomiting:** Vomiting on two or more occasions within the past 24 hours. See page 26.
- **Rash:** Body rashes, not obviously associated with diapering, heat or allergic reactions to medicine. Many communicable diseases including chicken pox, measles, rubella (German measles), impetigo and some streptococcal infections have body rashes. Often a nurse or doctor is needed to diagnose communicable from non-communicable disease rashes. See pages 23-25.
- **Drainage from the Eye:** Thick mucus and pus draining from the eye. See page 17.
- **Appearance/Behavior:** Unusually tired, pale, lack of appetite, difficult to wake, confused, irritable.
- **Sore Throat:** Sore throat especially if associated with fever or swollen glands in the neck. See page 21.

Guidelines for Excluding from Day Care

Children with **mild cold symptoms** who do not have the symptoms described above probably **do not need to be excluded from day care**. Mild colds are very common in young children and excluding them once they have cold symptoms probably does little to control the spread. Decisions about whether or not to exclude children with mild colds will depend on how uncomfortable the child is and how well the staff can care for the child and respond to his or her symptoms.

Ear infections are not easily spread and children **should not be excluded** just because of an ear infection. The main concern is that the child gets medical treatment and follow-up for the infection. Once again, if the child is extremely uncomfortable and day care staff do not have enough time to care for him or her then he or she should be sent home.

Observing and Reporting Symptoms of Illness

Your observations provide valuable information to help parents and health care providers know how to best treat a child. The following are guidelines for observing, reporting and responding to symptoms of illness.

- Report your observations rather than drawing conclusions or making a diagnosis. For example:
"Mary's finger is swollen and bruised-looking."
(observation) not
"Mary's finger is broken." (diagnosis)
The statements which are observations provide more information and are more helpful to the parent or health care provider than the statements that come to a conclusion or make a diagnosis.
- Give measurable facts rather than vague information. For example, a measurable statement would be, "Johnny has a temperature of 103° F," rather than "Johnny is hot."
- Get a second opinion when evaluating symptoms of illness and trying to decide what action to take—ask a co-worker, the day care director or the day care health consultant.
- Establish policies about how illness will be handled in the day care. Share these policies with staff and parents. Often, it is easier to convince parents to take an ill child home or not bring him or her to the day care in the first place if rules about illness are clearly stated and shared before illness occurs.
- Write about illness in the child's health record. It may seem silly to write "Johnny stayed home for 3 days due to a cold," but recording information can help you see how often a child is ill and patterns to his or her illness. Also, accurate record keeping helps you give factual observations to parents and health care providers.
- Report certain communicable diseases to the Health Department. See page 36-37 for a listing of these.
- Always report illness to parents (either immediately or at the end of the day depending upon the seriousness).

Responding to Emergencies

When a child becomes ill or injured at day care, it may be necessary to obtain emergency medical care and contact the parents immediately. It is important that you have current phone numbers for parents and consent forms for emergency treatment for all children at the day care. It may be helpful to periodically post a sign for parents which reminds them to notify the day care about any changes in emergency contact information.

The following illness symptoms mean that a child needs immediate medical attention:

- Breathing which is difficult or fast; child sucks in ribs and doesn't seem to get enough air; child appears blue around lips.
- High fever (over 104° F).
- Child is confused.
- Seizures or convulsions (fits) in a child who has no history of seizures.

In the City of Seattle and many parts of King County, dial 911 for emergency help. Find out what the emergency number is in your area and post it by the phone along with the address and phone number of the day care as these can be forgotten easily in an emergency. When calling for emergency help be prepared to give the operator the following information:



- Your name.
- Your address.
- The problem.

Deciding What Action to Take for Symptoms of Illness

If a child becomes ill at day care you may need to decide what to do about the symptoms of the illness. This section is designed to help you make your decisions. It includes several "decision charts" about specific symptoms. Start at the top of the chart and follow the arrows down and across, being sure to answer all of the questions. Each question asks you about the symptoms you are observing. For each question you should be able to come up with a yes or no answer. Follow the arrows to the yes and no answers and that will lead you on to the action you should take or to the next question you need to answer. There is general information about the symptom below each chart. Be sure to read this also.

Eyes

Decreased vision and crossed eyes

Is this a sudden blindness (in part or complete)? → YES → Call parents; parents need to call health care provider immediately.

↓
NO

Are eyes crossed in a child who is older than six months? → YES → Contact parents; probably needs vision screening within 1-2 months.

↓
NO

Do you think that vision in one or both eyes is less than normal? → YES → Contact parents; probably needs vision screening within 1-2 months.

- Children who have problems seeing may squint or may not see objects when they are pointed out. Contrary to popular belief, headaches are rarely a sign of poor vision in children.
- Strabismus (lazy eye) is a condition where the eyes don't work equally. This can lead to blindness in the eyes unless it is treated. Children who have strabismus often look as if they have a wandering eye.

Eyes Burning, Itching, Discharge

Are any of the following present? → YES → Call parents; needs medical attention today.

- Decreased vision.
- Some pain in eyes.
- Pupils are different sizes.

↓
NO

Are any of the following present? → YES → Call parents; parents need to call health care provider. For information refer to pink eye, page 30.

- Discharge that looks like pus.
- Eyes look red and irritated.

↓
NO

Do the eyes itch and are the following present? → YES → Discuss symptoms with parents. This may be hay fever and if symptoms are severe they may wish to seek medical advice.

- Sneezing.
- Runny nose.
- Seasonal occurrence.

↓
NO

Inform parents of symptoms when they pick up child at end of day.

- Pink eye (conjunctivitis) is an infection of the white part of the eye as well as pink skin under eyelids. It can be caused by either viruses or bacteria. If caused by a virus no medicine will help—the eyes will heal by themselves. If caused by bacteria, antibiotic eye drops will be prescribed. The child with pink eye is contagious as long as he or she has discharge unless it is bacterial pink eye and he or she has been getting antibiotic eye drops for 24 hours. Exclude from day care until discharge and redness is gone or child has been on antibiotic eye drops for 24 hours.

Ears

Earaches

Is there an ear discharge? → **YES** → See ear discharge, page 19.



NO

Does child have severe ear pain, fever, irritability or decreased hearing? → **YES** → Call parents; child may have middle ear infection and needs medical evaluation.



NO

Discuss earache with parents at end of day when they pick up child.

There are two kinds of ear infections:

- Otitis media (middle ear infection)
- Otitis externa (outer ear infection or swimmer's ear).

Otitis media is caused when germs become trapped and grow in the middle ear because the tube (eustachian tube) connecting the middle ear with the throat is blocked. Children with otitis media often complain of earache, and have fever, are irritable, may have a cold, may have decreased hearing and may have ear discharge. Antibiotics are often needed to treat otitis media. Otitis media is not communicable and children do not need to be excluded from day care for this condition unless they are too ill to be adequately cared for. Some children who have had many middle ear infections have an operation where tubes are placed in their ear drums. These tubes allow the middle ear to drain so they don't get as many infections. When children have tubes in their ear drums they should not get water in their ears. Repeated middle ear infections can cause permanent hearing loss especially if not treated.

Swimmer's ear (otitis externa) is an infection of the ear canal. Children will complain of itchy ears and moving the ear lobe may cause pain. There may also be ear discharge. Ear drops are sometimes prescribed to treat this condition. Swimmer's ear is not particularly communicable and children should not be excluded from day care for this problem. Children with swimmer's ear should not use a swimming pool because the ear needs to remain dry to heal.

Ear discharge

Is this ear wax?

→ YES → No need to do anything.



NO

Is the discharge bloody or like pus?

→ YES → Call parents; child needs medical evaluation.



NO

Is there fever, cold, severe ear pain, irritability, decreased hearing?

→ YES → Call parents; child needs medical evaluation. May be middle ear infection. Refer to earaches page 18.



NO

Is there itching, red or wet ear canal, pain when ear lobe is moved?

→ YES → Inform parents of symptoms when they pick up child at end of day. May be swimmer's ear. Refer to earaches, page 18. May need medical evaluation.



NO

Is discharge (particularly bloody or clear discharge) accompanied by confusion or recent head injury?

→ YES → Call parents; child needs medical care **immediately**.

NO

Inform parents of ear discharge when they pick up child at end of day.

- In a child who has been complaining of ear pain, white or yellow discharge may mean the child's eardrum has burst. The pain to the child is greatest before the ear drum bursts because of the pressure built up in the middle ear from pus. The burst eardrum is part of the healing process and won't permanently affect the child's hearing, but the child needs medical care—antibiotics will speed the healing.

- Children often like to put things in their ears like peas or beans. This often causes ear discharge and/or pain. These items usually need to be removed by a physician or nurse.

Nose

Runny nose

Is there a smelly discharge on one side of nose? and

→ YES → Inform parents when they pick up child at end of day. Parents need to call health care provider.

Is it a color other than white or yellow?

↓
NO

Is discharge watery, with sneezing or eye watering? Does it occur seasonally?

→ YES → May be hay fever. Discuss with parents; they may want to seek medical advice.

↓
NO

Is there fever?

→ YES → See fever page 26.

↓
NO

Mention runny nose to parents when they pick up child at end of day.

- A runny nose is very common in childhood.
- Children will also have runny noses during crying and sometimes after exercising.
- Some children have runny noses because they use nose drops for too long. Nose drops should never be used for longer than five days if they contain a decongestant.
- Children sometimes put objects like peas or beans in their nose. This may cause a bad-smelling discharge usually from only one side of nose. These items usually need to be removed by a physician or nurse.

Nosebleeds

- Most nosebleeds are caused by picking the nose and causing tiny blood vessels in the nose to open and bleed. Nosebleeds may also be associated with colds and hay fever.

- If a nosebleed is caused by a head injury, parents should be called so they can contact their health care provider.
- Repeated nosebleeds should be evaluated by a physician.
- For a severe nosebleed or one which lasts longer than 2 minutes, pinch the child's nostrils together for at least 4 minutes without releasing pressure. Child should be seated. Do not tilt head back for this causes the child to gag from blood dripping down the back of the throat. A cold wash cloth applied to the nose will also help stop the nosebleed. After the bleeding stops, make sure the child does not blow the nose.
- Nosebleeds lasting 30 minutes or more need **immediate** medical attention.

Sore Throat

Does the child have severe trouble swallowing or breathing, or is there more drooling than usual?

→ YES → Call parents; child needs medical care **immediately.**



NO

Do any of these symptoms accompany the sore throat?

- Fever.
- Large and tender glands in neck.
- Headache, general discomfort.
- Red sandpaper rash.

→ YES → Call parents; child needs medical evaluation. May have scarlet fever or strep throat. See page 32.



NO

Report sore throat symptoms to parents at end of day when they pick up child.

- Untreated strep infections can cause rheumatic fever, arthritis, heart and kidney disease.
- No one can tell if a sore throat is caused by a streptococcus germ until a throat culture has been done.
- Strep infections are not communicable 24 hours after treatment with antibiotics. However, it is important for the child to take all the medication as prescribed.

Throat

Cough

Did violent cough begin suddenly without signs of a cold, and is there difficulty breathing?

→ YES →

Call parents; child may have breathed in an object; needs medical care **immediately**.



NO

Are any of the following present?

- A fit of coughing with difficulty catching breath.
- Vomiting.

→ YES →

Call parents; child needs medical evaluation. See Whooping Cough, page 32.



NO

Are any of the following present?

- Fast or difficult breathing.
- Child sucks in ribs and does not seem to get enough air.
- Cough brings up mucus or sputum.
- Fever.

→ YES →

Call parents; child needs medical evaluation.



NO

Has persistent and continuous cough lasted longer than 4 weeks?

→ YES →

Discuss with parents when they pick up child, needs medical evaluation.



NO

Mention to parents when they pick up child.

- Coughing has many causes and can accompany the following illnesses: colds, flu, pneumonia, whooping cough. Sometimes a cough may be a sign that a child has inhaled a foreign object such as a peanut.

- Persistent and continuous coughs which last more than 4 weeks and don't seem to be getting better may mean there is a chronic illness or problem and the child needs to be medically evaluated.

Skin Rashes

Skin

Is there fever?



YES



Call parents; exclude child from day care until parents and their physician can tell you what caused the rash. For rashes without raised bumps, see: Measles, page 30. Rubella, page 32. Scarlet Fever, page 32. For rashes with raised bumps, see: Chicken Pox, page 28.



NO

Is there itching?



YES



See: Ringworm, pages 35-36. Lice, page 34. Scabies, page 35. Exclude child from day care.



NO

See:

Diaper rashes, page 24.

Baby rashes, page 24.

Cradle cap, page 24.

Discuss rash with parents when they pick up child at end of day.

- Children often have skin rashes with no other symptoms. Some of the rashes may be caused by allergic reactions, heat or viruses. Often mild rashes disappear as fast as they come.

Diaper Rash

Are the following present?

- Blisters.
- Small red patches beyond diaper area.

→ YES →

Discuss with parents at the end of day when they pick up child. They should consult physician as diaper rash may be caused by staphylococcus germs or yeast and may need treatment.



NO

Is rash only in diaper area?

→ NO →

Probably not just a diaper rash—see rashes, page 23.



YES

Mention rash to parents when they pick up child.

Steps to treat simple diaper rash:

- Keep diaper dry and change as much as possible.
- Remove rubber pants.
- Leave diaper off.

Baby Rashes

There are two very common kinds of baby rashes: one is on the face (milia) and the other is on any part of the body (heat rash). Small white bumps over the forehead, nose and cheeks in an infant are called milia. These are sometimes called infant acne. No treatment is needed; they go away eventually and are harmless. They are most commonly seen on newborns and very young infants. Small red bumps, usually in the skin fold areas, often on the neck and upper chest, are called heat rash. This may mean that the infant is bundled too much. The rash quickly goes away once the baby is unbundled. This rash is also harmless.

Cradle Cap (Seborrhea)

Cradle cap and dandruff are the same thing. Cradle cap happens when oil glands in the scalp become overactive. An infant who has cradle cap has thick, oily, yellow, scaling patches on the scalp. Frequently, there are very small bumps on the child's forehead and

behind the ears. Although it is not attractive looking, it is not harmful to the infant. It can be treated by using a soft scrub brush to wash the scalp. Sometimes it helps to put a little oil on the scalp, let it soak in for about 15 minutes and then completely wash off the oil. If oil is left on the scalp, the cradle cap will get worse.

Diarrhea

Diarrhea

This symptom is important because:

- Young children, especially infants, can become very ill with dehydration (drying out) if diarrhea is severe.
- In group situations such as day care, diarrhea can spread rapidly. This can cause loss of income to parents, day care directors and staff because of work missed by parents who must stay home with ill children, low attendance at day care and work missed by ill staff. In extreme cases, day care facilities may need to be closed to control the spread of disease.

Diarrhea is an increased number of watery stools over a 24-hour period. Some cases of diarrhea are communicable (easily spread) and some are not. Diarrhea with the following symptoms is more likely to be communicable:

- Child acts and looks ill.
- Bright red or coffee-colored blood in stool.
- Pus in stool.
- Fever.
- Weight loss or failure to gain weight.
- Signs of dehydration (drying out):
 - Child does not pee or wet diaper for 8 hours.
 - Tongue, lips, inside of mouth dry.
 - No tears when child cries.
 - Dry skin.
 - Child appears thirsty.
 - Sunken eyes, sunken soft spot on heads in infants.
 - Child not moving around much or showing interest in things around him/her.

More than one case of diarrhea in the day care, particularly among children and staff who are in same area, suggests a communicable diarrhea outbreak.

Steps to take for diarrhea symptoms:

- Separate and exclude children from day care who have diarrhea until they are seen by a doctor or nurse.
- If there is more than one child or staff person at the day care with symptoms of diarrhea, contact Health Department Communicable Disease Section at 587-2774.
- Remind staff about handwashing and diapering procedures which can prevent the spread of disease.

- Do not allow children or day care staff who have been excluded for diarrhea back into day care until they no longer have diarrhea and/or a health care provider has determined that the diarrhea is not a health hazard to other children and staff at the day care center.
- Tell parents to inform their physician or health care provider that their child is in day care and whether or not any other children or day care staff are ill with diarrhea. This information may influence whether or not the physician obtains a stool culture.
- Day care providers may wish to request a note from the physician stating that it is okay for the child to return to day care.

Vomiting

Some children vomit easily for many reasons such as illness, excitement, motion sickness or for no obvious reason. Any vomiting child should be separated from other children. If any of the following conditions exist parents should be contacted as the child may need to be seen by a doctor or nurse.

- Child has a fever.
- Vomiting occurs more than twice in one day.
- Child also has diarrhea.
- Vomiting occurs more than once after a head injury.
- Child has stomach pains and is bloated.
- Vomit contains blood, looks black or dark green.
- Child is lethargic (sleepy, not alert and responsive).
- Child has pain when passing urine.

After a child has vomited, avoid giving solid foods. Wait about 1-2 hours and then offer small frequent feedings of clear liquids such as water or 7-Up. A major concern for children (especially infants) who vomit repeatedly is the danger of dehydration (drying out). Signs of dehydration include:

- Child does not pee or wet diaper for 8 hours.
- Tongue, lips, inside of mouth dry.
- No tears when child cries.
- Dry skin.
- Sunken eyes, sunken soft spot on head in infants.
- Listlessness (child not moving around much or showing interest in things).

Notify parents if child has signs of dehydration. The child needs medical exam that day.

Fever

Fever is often the body's response to infection. Other things also cause a child's temperature to rise including food, too many clothes, excitement and anxiety. A temperature of 98.6° F is an average normal temperature but individuals vary. Many children can have a high temperature without appearing to be sick.

Steps to take when a child has a fever:

- Take a closer look at the child to see if other symptoms such as diarrhea or rash are present. If so, excluding the child from day care should be considered.
- Evaluate the child's behavior. If he/she is acting very ill and the staff is unable to care for the child, then parents should be called to take the child home.
- Remove extra clothing and offer liquids.
- **Don't** overdress the child or sponge with alcohol or water.
- Give medicines only as prescribed by health care provider or doctor. Aspirin is not recommended for young children because of the possible connection between aspirin and Reyes Syndrome (a serious disease that can cause death). WAC 388-73-136 regarding giving medications to children in day care facilities states that medications are to be given only on the written approval of the parent or other legal guardian. Prescription medications are given according to physician instructions or by instructions by other individuals who are legally authorized to prescribe medications such as nurse practitioners, physician assistants or dentists. Except for family day care, nonprescription medication is given only as approved by a physician or as based on previously established medical policy approved by a physician.
- Call parents if a fever of over 101° F. occurs in someone who is less than 6 months of age so that medical advice can be obtained that day. If someone has a fever and sore throat, ear pain, cough, rash or diarrhea, see the decision-making charts on those symptoms for further information.

Information about communicable diseases that you may encounter follows. It is included so that you can become more aware of the kinds of diseases the children can have, how you can limit their spread at your center and actions you can take if a child is ill. Some diseases need to be reported to the health Department. Diseases which must be reported immediately are indicated in bold-faced type in the right hand column of the communicable disease chart on the following page. For information on other diseases which need to be reported for statistical purposes, refer to pages 36 and 37 in this handbook.

**Description
of Communi-
cable
Diseases**

Illness

Disease Description	When Illness Occurs After Being Exposed (Incubation Period)	How Long Illness Can Be Spread (Infectious Period)
Chicken Pox —Illness caused by virus with sudden fever, tiredness and skin rash. Rash begins as a small blister and leaves a scab in 3-4 days.	11-20 days.	Up to 5 days before rash appears until 6 days after first blisters appear.
Colds —Illness caused by virus with cough, watery eyes, chills, sneezing, sore throat or nose and sometimes fever.	Usually 12-72 hours, but can be up to 6 or 7 days.	1 day before beginning of symptoms and until a week or more after symptoms appear.
Flu (Influenza) —Mild to severe infection caused by virus with sudden fever, chills, cough, sore throat and aching muscles. Also may have headache, runny nose and feel tired.	24-72 hours.	3 days.
German Measles —See Rubella		
Giardiasis —Disease caused by a protozoan with diarrhea as symptom.	1-4 weeks.	As long as protozoan is in stool.
Hand, Foot, Mouth Disease (Coxsackie A) —Viral illness causing fever, sore throat, sores inside the mouth, and a rash that may appear on the hands, feet, buttocks or face. This is not a disease that affects cattle.	2-5 days.	During the symptoms and for several weeks after.
Hepatitis Type A —Caused by virus. Inflammation of the liver with fatigue, loss of appetite, low fever, nausea, stomach pain and sometimes yellow coloring of the skin and eyes (jaundice).	15-50 days (usually 1 month).	For several days before first stomach symptoms occur until one week after jaundice occurs.

Ways to Limit Spread

Spread through contact with blisters and by sneezing and coughing. Separate ill child from others who haven't had disease.

Avoid sharing cups, foods and tissues. Cover mouth when coughing or sneezing. Wash hands after contact with nose and throat discharge.

Same as for colds.

Spread through the stool. Good handwashing after diaper changing and toileting as well as before fixing food will decrease risk of spread. Careful cleaning of diaper changing area is needed. In day care centers, food handlers should probably not work in infant changing room changing diapers.

Spread through contact with nose and throat secretions (includes sneezing and coughing) and stool. Wash hands after handling body secretions. Encourage people to cover nose and mouth when sneezing.

Spread from stool to mouth by hands. Careful handwashing after diapering and toileting and cleaning diaper changing area will decrease spread.

Steps Day Care Can Take

- Exclude the child from the day care until all skin blisters have crusted and there are no weeping blisters (about 5-7 days from start of rash).
- Notify families of other day care members.
- Do not give aspirin to the child as there appears to be an association between aspirin and Reye's Syndrome (a serious illness which can cause death).
- Contacts who are pregnant and have not had chicken pox should consult their health provider.

Exclude or separate the child only if he/she seems too ill to keep up with the usual activities.

Exclude child from day care. Child with flu should remain at home until well.

Exclude child until diarrhea stops.

- Exclude the child from the day care only if he/she is too sick to participate in normal day care activities.
- Notify other families of the illness.
- Most adults are probably immune.

- Report to Health Department **immediately** at 587-2774.
- Exclude child until doctor gives permission to return.
- If a family member of a day care child has hepatitis, the child should be carefully checked to see if they also have hepatitis; children with hepatitis often appear well.

Illness

Disease Description	When Illness Occurs After Being Exposed (Incubation Period)	How Long Illness Can Be Spread (Infectious Period)
Herpes simplex —Viral infection that causes cold sores or fever blisters and is prone to recurrence. Usually occurs before the fifth year of life. Sores commonly last 7-10 days.	2-12 days	As long as virus is present in body secretions. Very commonly present in body secretions.
Impetigo —Bacterial skin infection with honey-crusted sores around mouth, nose, arms or legs.	Usually 1-5 days, but may be more than 5 days.	Until sores are completely healed or child has been treated with antibiotics for 24 hours.
Measles —(Red measles, rubeola, hard measles, 8-10 day measles)—serious disease that starts with cold-like symptoms. After about 3 days, small white spots appear in the mouth. Then a red, raised rash begins, usually on the face and spreads quickly over the upper body, then to the back and legs. Symptoms include high fever and cough, eyes which are red, itching and sensitive to light.	7-14 days.	Up to 7 days before and usually 4 days after the rash begins.
Meningitis —Inflammation of the lining of the brain and spinal cord often caused by bacteria or virus. Symptoms include high fever and chills, stiff neck, headache, vomiting and sometimes coma, seizures and a rash.	1-7 days.	Until the organism is not found in nose and mouth discharges (within 24 hours after treatment started).
Mumps —Caused by virus with painful swelling of glands in front of ear (parotid glands), fever, headache and cold symptoms.	14-21 days; average 18 days.	From 6 days before to 9 days after swelling begins.
Pink Eye —(Conjunctivitis)—Common infection caused by bacteria or virus with irritated, watery eyes, swollen lids and a clear or yellow discharge that makes eyelashes sticky. One or both eyes may be affected.	24-72 hours.	During active infection.

Ways to Limit Spread

Spread is by direct contact with secretions from the nose, throat and sores. Wash hands thoroughly after handling body secretions. Discourage people from sharing items that they have put in or around their mouths.

Spread by direct contact with sores. Good handwashing will decrease spread.

Spread by coughing and sneezing and contact with nose and throat discharge. Avoid sharing cups and tissues. Use good handwashing practices.

Spread by contact with nose and mouth discharge or by coughing and sneezing. Avoid sharing cups and tissues. Use good handwashing practices.

Spread by coughing and sneezing or contact with saliva (drool). Use good handwashing practices and avoid sharing cups and tissues.

Spread through contact with eye discharge. Avoid touching the eyes and use good handwashing practices.

Steps Day Care Can Take

People with active Herpes simplex sores should stay away from newborn babies, children with skin problems or burns, and people with impaired immunity.

- Report to parent so child can get medical care.
- Exclude child until 24 hours after antibiotic treatment is started.

- Report to Health Department **immediately** at 587-2774.
- Exclude child until 7 days after rash develops.
- Notify families of other day care members.
- Review immunization records for protection against measles.

- Report to Health Department **immediately** at 587-2774.
- Exclude child until doctor gives permission to return to day care.
- Observe other children for signs of illness and notify their families.

- Exclude child until swelling and other symptoms gone (about 9 days after swelling begins).
- Review immunization records for protection against mumps.
- Notify parents of other children about exposure to mumps.
- Notify Health Department at 587-2774.

- Exclude child as long as there is drainage or until 24 hours after antibiotic treatment is started.
- Report to Health Department at 587-2774 when there are more than 1 or 2 cases in a day care.

Illness

Disease Description	When Illness Occurs After Being Exposed (Incubation Period)	How Long Illness Can Be Spread (Infectious Period)
Pinworms —Caused by small roundworm in intestines. Signs include rectal (bottom) itching especially at night.	4-6 weeks.	As long as pinworm eggs are present.
Rubella (German measles, 3-day measles, light measles) —Mild illness caused by virus. First sign may be swollen, tender neck glands and low fever. Then pink to red spots appear on the face and spread quickly to rest of body. Mild itching may occur.	14-21 days.	From 7 days before to 5 days after rash begins.
Salmonella —Caused by bacteria. May have blood or pus in diarrhea stools, fever, stomach pain, nausea, vomiting.	6-72 hours (usually 12-36 hours).	As long as bacteria is in stool (usually 1-4 weeks).
Scarlet Fever and Strep Throat (Streptococcal infections) —Caused by bacteria. Infection with sore throat, fever and sometimes a rash.	1-3 days.	10-21 days.
Shigella —Caused by bacteria with symptoms of diarrhea which may contain blood or pus, fever, vomiting, cramps.	1-7 days (usually 2-4 days).	As long as bacteria is in stool (usually 1-4 weeks).
Strep Throat —See scarlet fever.		
Whooping Cough (Pertussis) —Highly contagious respiratory infection caused by bacteria. Begins with cold-like symptoms and cough which get worse within 1-2 weeks. The cough is followed by a "whooping" sound, sweating, exhaustion, vomiting and much thick mucus. The cough persists for 1-2 months.	Usually 7-10 days, but can be as long as 21 days.	Most contagious during cold-like stage; seldom contagious after 5th week of disease.

Ways to Limit Spread

Pinworm eggs are spread from stool to mouth by hand or from clothing and bedding. Hand-washing after diapering and toileting may decrease spread.

Spread by contact with nose and throat discharge. Wash hands carefully and avoid sharing cups and tissues to decrease spread. Child with rubella must avoid contact with pregnant women.

Spread through stool, animals, contaminated food or water. Good handwashing after changing diapers, toileting, before fixing food and careful cleaning of diaper changing area will decrease spread. In day care centers, food handlers should probably not work in infant room changing diapers.

Spread by contact with nose and mouth discharge. Use good handwashing practices and avoid sharing cups and tissues.

Spread through stool. Good handwashing after changing diapers, toileting, before fixing food and careful cleaning of diaper changing area will decrease spread. In day care centers, food handlers should probably not work in infant room changing diapers.

Spread by direct contact with or coughing from person with illness. Use good handwashing practices and avoid sharing cups and tissues.

Steps Day Care Can Take

- Report to parent so child can get medical exam and treatment.
- Observe others for signs of illness.

- Report to Health Department **immediately** at 587-2774.
- Exclude child while symptoms are present and until 5 days after rash begins.
- Review immunization records.
- Exclude other children who develop rash or fever until seen by health care provider.
- Notify parents and staff of illness. Pregnant women who have been exposed should contact their health care provider.

- Report to Health Department **immediately** at 587-2774.
- Exclude child until there are 2 negative stool specimens collected 24 hours apart.
- Review handwashing, diaper changing and food handling procedures with staff.

- Exclude child until 24 hours after starting antibiotic treatment.
- Inform families of day care members of illness and encourage them to seek care if symptoms occur.

- Report to Health Department **immediately** at 587-2774.
- Exclude child until there are 2 negative stool specimens collected 24 hours apart.
- Review handwashing, diaper changing and food handling procedures with staff.

- Report to Health Department **immediately** at 587-2774.
- Exclude child for first 7 days of antibiotic treatment.
- Observe children who have been exposed. If signs of cold-like illness develop, separate the child until it can be determined if child has whooping cough.
- Review immunization records for protection against pertussis.

Lice

Lice are small bugs which are hard to see without the help of a magnifying glass. The nits or eggs are easier to see; they are small grey-white oval objects attached firmly to the bottom of hairs. Lice and nits are most commonly seen at the back of the neck and behind the ears, but they also can appear anywhere on the body where there is hair. Lice live about 35 days. Eggs usually hatch in about 8 to 9 days, but may not hatch until 35 days after laying.

Anyone can get lice. Lice are spread by either direct contact with someone who already has lice or direct contact with items such as infested hats, combs and upholstered furniture. Itching of the scalp is the main sign of lice, along with seeing nits and lice on the hair.

Lice can be treated by using prescription medication such as Kwell, Nix or over-the-counter products like RID, R&C shampoo or A-200. Seattle-King County Health Department recommends treatment of lice with over-the-counter products because they are less toxic and more easily obtained.

Often the eggs are not killed after using the medicated shampoo the first time. Therefore a second treatment should be repeated one week after the first. It is very important that the directions for treating people be followed exactly. When someone in day care has lice use the following procedure:

- Examine all members of the day care (children and staff) for lice.
- Exclude anyone with lice from day care until they have been treated with the medicine, and nits have been removed.
- Notify the children's parents so that family members can be inspected for lice. Anyone with lice should be treated with the medicine.
- Wash all clothing, bedding and linen of an infested person in hot water and dry in a hot dryer or press with an iron. Items that cannot be washed may be dry cleaned or placed in a tied plastic bag for 30 to 35 days.
- Clean all combs, brushes and other personal hair items. They can be boiled or washed with lice medicine and then thoroughly rinsed.
- Discourage people from sharing combs, hats, coats or other clothing.
- Keep coats separated on different hooks or hangers.
- Vacuum all rugs. Discard and replace vacuum cleaner bag.
- Use a spray such as R&C Spray (obtained from any drug store) on rugs and upholstered furniture. People should leave the room for 60 minutes after spraying. Air room for 15 minutes before coming back in.
- Continue to check all day care members for lice. If lice continue to be a problem in the facility review the procedure for removing lice. Sometimes this procedure needs to be repeated. Active, early involvement of staff, children and their families in the process of eliminating lice will help solve the problem.

Scabies is a skin disease caused by a tiny mite. Scabies outbreaks are common where people are crowded together and have close contact with one another. It is not serious but causes itching and sometimes an infection develops due to scratching. It is spread by direct contact with the infested skin areas and occasionally through contact with towels, bedding or personal clothing of the person infested. It is very contagious and spreads quickly.

A person with scabies has the following symptoms:

- Intense itching which is usually worse at night.
- Raised red lines on skin (lines may have small blisters). The most common places to see scabies lines are on the hands between the fingers, behind the knees, in elbow and groin (between the legs) creases and on the stomach.
- Scratch marks because of the itching.

If you suspect someone at your facility has scabies they should be referred for medical evaluation. Rashes caused by scabies often look like other conditions, therefore it is often necessary to have a medical evaluation. People with scabies are treated with prescription medicine such as Kwell or Eurax. After treatment with medicine most people may return to the day care facility. Often after treatment the skin may continue to itch for a few weeks. Continued itching does not mean that the person still has scabies. If the itching is severe suggest that the person consult their physician. A prescription can be given to help stop severe itching. If the scratch marks show signs of infection, such as soreness and redness, they should be evaluated by a physician.

Once someone is diagnosed with scabies an assessment is done to determine if the person has had direct skin contact with others. People who have had such contact may be treated with medicine before an obvious infection has occurred. Clothing, bedding and towels used by the person can be disinfected by machine washing in hot water and drying using the hot setting on the dryer or pressing with a hot iron. Other articles can be dry cleaned. Still others can be sealed in a plastic bag for 10 days. Day care members should be checked periodically during the next 1-2 months. Suspicious rashes should be reported to the health care provider immediately.

Scabies

Ringworm is a communicable skin infection caused by a fungus. It is called ringworm because of the mark it makes. It is not caused by a worm. In children ringworm is commonly found on the back, stomach, arms or face. Ringworm usually appears as one or more small red circles that become larger over a period of days or weeks. The edges of the circles are raised and sometimes scaly. The centers of the circles begin healing as the circles become larger, so often the centers are clear. Sometimes the circles are itchy. Ringworm does not cause fever. Ringworm can be caught by contact with an

Ringworm of the Body

infected person or animal. It is spread by direct contact with the ringworm spot.

If you think a child has ringworm, contact the parents. They will need to consult their physician about treatment. Once ringworm is identified, check everyone else in the day care program (children, staff, animals), notify parents, and encourage them to check their child and other family members for ringworm. Do not let people share clothing or towels with one another. People with ringworm should cover their skin lesions until the skin lesions are gone. People with ringworm should not be allowed back in the facility until treatment has begun and until their skin lesions are covered with clothing, a bandage or a cap.

Ringworm of the Scalp

Fungal infections of the scalp are very common in day care age children, though they don't often look like ringworm. Between infancy and teenage years any scaly patches, hair loss or scalp redness should be checked for fungal infection. Physician-prescribed medicines are required to treat scalp ringworm. Some scalp ringworm is caught from pets, some from other children. Spread of this illness can be prevented by children not sharing hats, combs, etc.

Reporting and Obtaining Help for Communicable Diseases

You must report certain communicable diseases to the Health Department because they can affect the health of the entire community. Below is a list of diseases which you may see in your center and the action you should take.

Nonreportable Communicable Diseases

You do not need to report the following diseases to the Health Department. You may want to call the Health Department or your health care worker if you need help in controlling these diseases. Please consult this handbook for more information about these diseases:

Candidiasis	Ringworm
Conjunctivitis (pink eye)	Roseola infantum
Coxsackie A	Rotavirus
(hand, foot, mouth)	Scabies
Cryptosporidiosis	
Fifth Disease	
Herpes	
Impetigo	
Lice	
Monilia	
Mononucleosis	
Pinworms	

Reportable Communicable Diseases

Disease	Action to be taken and why
Bacterial Meningitis	Please call 587-2774 immediately to report. These can spread quickly and cause serious illnesses. If measures to control them are taken quickly, additional illness can be prevented.
Diphtheria	
Foodborne illnesses	
German measles (rubella, 3-day measles)	
Gonorrhea	
Haemophilus influenza type B infections	
Hepatitis	
Measles (rubeola, 10-day measles)	
Meningococcal infections	
Mumps	
Polio	
Salmonella	
Shigella	
Tetanus	
Tuberculosis	
Whooping cough (pertussis)	
Campylobacter stomach flu	Please write or call the Health Department and give the number of cases of illness. Consult with your health care worker or the Health Department for advice on controlling these diseases. The Health Department may call you to learn more about the diseases and help you to control them.
Chicken Pox	
Giardiasis	
Influenza	
Scarlet fever and strep throat (streptococcal infections)	
Viral meningitis	

Report all sudden or unusual outbreaks of serious illness (causes known or unknown) to Seattle-King County Department of Public Health by telephone (587-2774) or mail:
Epidemiology Section, 1200 Public Safety Building, Seattle, WA 98104.

Children's Health Histories, Physical Exams and Immunizations

To be in day care children must:

- Have a yearly physical exam or be under regular medical care.
- Be immunized.
- As a licensed day care, Washington State requires you to:
 - Keep health records on children which include:
 - Date of immunization.
 - Date of last physical exam.
 - Special health problems (allergies, medications, etc.).
 - Check immunization records to make sure they are up-to-date.
 - Check to see that children not under regular medical care have yearly physical exams.

Minimum Day Care Licensing Requirements

The following states your responsibility as a day care for health histories (records), physical exams, and immunizations. Contact parents if children's exams and immunizations are not up-to-date. If you would like help setting up your records call your local health department.

Washington law* states that:

- Health histories need to be obtained when each child is accepted for care and that the health history includes date of last physical exam, allergies, any special health problems and immunization history.
- Yearly physical exams are required for each child not under regular medical supervision (not being seen regularly by clinic or doctor).
- If a child has not been under regular medical supervision or has not had a physical exam by a physician, physician's assistant or nurse practitioner within one year before admission to day care, arrangements shall be made (by parents) for an exam within 30 days of entry into day care.
- Upon the child's first attendance at day care, each child shall present proof of full immunization for diphtheria, tetanus, whooping cough, polio, measles, mumps, rubella. Exceptions to the immunization requirement shall be made in the case of a parent or

*(WAC 388-78-140)

guardian expressing religious, philosophical or personal objections by signing a statement to this effect, or there is a physician's statement that a good medical reason exists for not immunizing the child.

Use this table to check immunization records to see if children have had required doses for their age.

Immunizations

Diphtheria, Tetanus, Whooping Cough Vaccine

Age	Required Doses
2 months	1
4 months	2
6-17 months	3
15-47 months	4
4 years and older	at least 3*

Polio Vaccine

Age	Required Doses
2 months	1
4-17 months	2
15-47 months	3
4 years and older	at least 3*

Measles, Mumps and Rubella Vaccines

Age	Required Doses
Under 15 months	None
15 months or older	1 of each**

* The last dose must have been received at or after age four.

** These doses are not usually recommended until 15 months of age, but may be received at or after 12 months of age.

Haemophilus Influenza Type b(Hib) Polysaccharide Vaccine

In April, 1985, a vaccine was licensed which can prevent Haemophilus influenza type b(Hib) disease. Hib infection can cause meningitis, joint and bone infections, blood infection, pneumonia, cellulitis (deep skin infection) and epiglottitis (a severe form of croup). Although the name sounds similar, this illness is not related to the influenza or flu viruses. The vaccine is recommended for all children aged 2 to 5 years. Some experts advise the vaccine for children aged 18 months to 2 years who have a high risk of getting the disease. The vaccine should not be given to children under 18 months of age. Children over age 2 years require only one dose. Children immunized before their second birthday may require a second dose. At this time, immunization with Hib vaccine is not required for attendance at day cares or schools in Washington state although it is highly recommended.

Haemophilus Influenza Type b (Hib) Polysaccharide Vaccine

Preventing Accidents

You can prevent most accidents that occur with children by:

- Checking the day care setting for hazards (unsafe areas)
- Watching children carefully.
- Understanding the growth and development of children (certain kinds of accidents are common at each stage of development).
- Using car safety seats and seat belts.

Use the following checklists to see if your day care setting is as safe as it can be.

Indoor Safety Checklist

General Household

- ☐ All balconies have railings and stairways have gates.
- ☐ Smoke detectors are installed and tested monthly. Have a fire escape plan and practice fire drills.
- ☐ Electric outlets are capped with safety plugs.
- ☐ Electric appliances are unplugged when not in use and stored so they cannot fall in water causing electric shock.
- ☐ Glass doors and low windows are marked for visibility (with decals or tape) and made of safety glass or protected from impact by children.
- ☐ Fireplaces, woodstoves and heaters are installed according to codes and protected from children when in use.
- ☐ Poisonous plants are out of children's reach. See "Plants that Poison" brochure in reference section of this handbook.

Kitchen, Bathroom, Laundry, Diapering Areas

- ☐ All medicines and cleaners are stored in their original containers—out of children's reach—preferably locked up.
- ☐ Cleaning products, medicines and food are stored separately.
- ☐ Bleach solution and diapering supplies are stored out of children's reach—preferably locked up.
- ☐ Hot water temperature in sinks and tubs is set at 100-110° F. for preschool and developmentally disabled children (120° F. maximum for older children).
- ☐ Children are carefully watched in the bathroom so that they do not fall into the tub or toilet (and drown).

Toys

- ☐ Toys are not flammable.
- ☐ Toys do not have sharp edges or small parts that may come off, be swallowed and cause choking.
- ☐ Toys are checked often to make sure they are in good repair.

Cribs

- ☐ Crib slats have no more than 2 3/8 inches of space between them when used by babies less than 6 months of age.
- ☐ Mattresses fit snugly and are watertight. (Do not cover them with plastic).
- ☐ Crib sides lock at full height. Full height covers 3/4 of child's height to prevent child from falling out of the crib.
- ☐ Lock on crib sides cannot easily be released.
- ☐ Cords from mobiles, toys and window shades cannot strangle children.

Walkers

- ☐ Wheelbases are wide and do not easily tip over.
- ☐ Hinges have protective covers.

High Chairs

- ☐ Bases are wide and do not easily tip over.
- ☐ Chairs have no sharp edges.
- ☐ Equipped with waist strap.

Playpens

- ☐ Slats have no more than 2 3/8 inches of space between them or there is netting with small weave.
- ☐ Hinges lock tightly.
- ☐ Watertight washable foam pads cover bottom.

Baby Carriers

- ☐ Bases are wide for stability and have non-skid surfaces on bottom.
- ☐ Carriers have safety straps which are used every time child is in carrier.
- ☐ Carriers are not placed on counters, tables or chairs unless adult is close by.

Playground

- ☐ Always is supervised by an adult.
- ☐ Play equipment is installed and kept in good repair to ensure safety.
- ☐ Play equipment is suited to developmental level of children using it (children are old enough to use it safely).
- ☐ Play equipment has soft ground surface underneath (such as grass, wood chips).
- ☐ Swings do not swing across footpaths.
- ☐ Equipment which collects water (like a tire) has drainage holes.

Outdoor Safety Checklist

Preventing Accidents

Wading/Swimming Pools

- ☐ Always are supervised by an adult. Swimming pools require the supervision of a certified lifeguard.
- ☐ Pool areas are fenced and gated.
- ☐ Water in swimming pools (chlorine levels) meets State standards.

General

- ☐ Gates are kept closed and have child-proof latches or locks.
- ☐ Porches, steps, balconies and decks have railings and non-skid surfaces.
- ☐ Poisonous plants are pulled from play areas. See "Plants that Poison" brochure in reference section of this handbook.

Cars

- ☐ Safety seats and seat belts approved for infants and children are used.

Preparing For Accidents

- Before an accident occurs prepare to respond by:
- Making sure your day care has an emergency plan for responding to accidents (like a fire escape plan).
 - Having at least one person trained in basic first aid, cardiopulmonary resuscitation (CPR) and handling choking emergencies present at all times.
 - Posting the emergency phone numbers and address and phone number of the center near all phones (911 is the emergency number in Seattle and many parts of King County).
 - Having syrup of ipecac for poisonings. Never give syrup of ipecac without first calling the poison control center (phone **526-2121**). Keep this number posted by your phones.

Child Growth and Development

The following information describes normal growth and development and ways to encourage development in children. It is helpful to know about normal child growth and development so that you can:

- Create a safe and stimulating environment for children.
- Recognize children who are not developing as they should.

Growth refers to the body getting larger in size and **development** to the body becoming more skilled or mature.

The two main factors that affect children's growth (height and weight) are:

- **Parents**—Children inherit growth characteristics. For example, tall parents tend to have taller children and short parents have shorter children.
- **Environment (living conditions)**—The most important environmental factor affecting growth is good nutrition (eating a balanced diet).

Development occurs in the following areas:

- **Muscle skills**—how well a child moves all the muscles in the body, how muscles work and how the nervous system tells the muscles what to do.
- **Language skills**—how a child speaks, hears and understands.
- **Social and emotional skills**—how a child learns to see himself/herself as a loved, loving, able, unique human being. Also, how a child knows what is expected and how to act in his/her culture or society.
- **Thinking (intellectual) skills**—how a child thinks and learns.

Since rates of growth and development vary in each child, use the following information as a general guide. If you think a child is not growing or developing as he/she should, discuss your concerns with the parents. The resource section of this handbook has information about community resources for growth and development problems in children.

Babies, like adults, vary in size and shape. Although they can vary a lot in their growth and still be healthy, watching growth is a way for you to see if they are getting good nutrition (enough to eat). The following heights and weights are general guides (averages).

- The average weight at birth is 7 pounds.
- The average length at birth is 20 inches.
- Babies gain 4-5 ounces a week (1-1½ pounds a month) from birth to 6 months, doubling their birth weight by 5 months (For example: 7 pounds at birth = 14 pounds at 5 months).

Height and Weight in Infancy (Birth-1 year)

- They gain 3-4 ounces a week from 6 months to 1 year, tripling their birth weight at 1 year (7 pounds at birth = 21 pounds at 1 year).
- By their first birthday, babies have increased their birth length by $\frac{1}{2}$. A baby 20 inches at birth will be about 30 inches at 1 year.

Height and Weight in Toddler and Preschool Years

Growth slows down by the end of the first year. Preschool years are a time of slow, but steady growth for children. During their second year (from 2-3) children gain about 5-6 pounds. From 3 to 5 years they gain about 4-5 pounds a year. Generally children's height at 2 years will be $\frac{1}{2}$ of their adult height. See the following growth chart.

	Birth	5 months	1 year	2 years	3-5 years
Average Weight:	7 lbs.	double birth weight	triple birth weight	gain 5-6 lbs. a year	gain 4-5 lbs. a year
Average Height:	20"		add $\frac{1}{2}$ birth height	$\frac{1}{2}$ of adult height	

The following information summarizes child development and what you can do to encourage it.

Development Charts

Birth/
3 Months



3-6 Months



6-9 Months



9-12 Months



1-1½ Years



1½-2 Years



**Birth-
3 Months**



Developmental Tasks

Muscle Skills

- Moves arms and legs equally well.
- When on stomach ability to raise and control head improves.
- When on back, eyes follow bright objects or person's face from side-to-side.
- Stares at objects held about 8"-10" in front of him (likes human faces and bright colors).
- Likes bright colors best (oranges, reds, yellows).
- Slowly develops more head control when in sitting position.
- Movements not yet well-coordinated, startles to loud sound or sudden change of position.
- Cannot yet control hands

Language Skills

- Makes some noises other than crying (coos).
- Can hear sounds, likes human voice.

Social and Emotional Skills

- Comforts when talked to, held and cuddled.
- Sucking brings comfort.
- Crying usually means: hunger, loneliness, wet, cold, hot, other discomfort.
- Cries to let you know needs—comforts when needs are cared for such as food, dryness, warmth, loving.
- Trust begins to be developed when you respond to baby's needs—baby in turn quiets, looks with eyes, smiles.

Ways to Encourage Development

Muscle Skills

- Place infants in different positions when awake.
- Put on stomach and place brightly-colored toys a few inches in front of face, or make soft noises in front of head to encourage lifting of head.
- Sit infant up, either hold or put in infant seat. Be sure back and head are supported. Sitting up gives infant a chance to watch activities occurring around him/her.
- Place brightly-colored mobiles and pictures around infant's area.

Language Skills

- Talk to infant as much as possible when changing diapers, feeding, playing. Talk, then wait, giving infant time to respond.
- Respond to infant's laughs, coos, sounds with pleasure! Be expressive!

Social and Emotional Skills

- Provide the same care giver as much as possible.
- Be aware of baby's moods. Babies, like adults, like to play and eat when they are awake and alert. When infants are sleepy or fussy they do not like eating or being handled.
- Don't worry about spoiling infants at this age—they need lots of love and attention.
- When an infant cries, check to see if hungry, wet, too cold or hot or uncomfortable. If so, take care of that. If still fussy, try the following ways to comfort:
 - Let baby bring hand to mouth—some babies quiet by sucking on their hands or fingers.
 - Bring your face into the baby's vision (8"-10" from his/her face).
 - Talk to infant in a soft, steady voice.
 - If these measures don't work after about 2 minutes, pick up the baby, swaddle (wrap snugly with a blanket) and hold close or rock or walk; this gives a feeling of closeness and warmth.
 - Pacifiers (if parents approve) may comfort baby. (If using a pacifier, never leave it on a cord around the baby's neck—it can strangle him).
- Provide quiet time when baby is not over-stimulated.

Birth— 3 Months



3-6 Months

Developmental Tasks



Muscle Skills

- Gains more muscle control.
- Rolls over, begins to sit (first with support, gradually more on own).
- Reaches for object, holds object in hand, can bring hands together (like clapping), looks for object that goes out of sight.
- Vision improves, can see more clearly.
- By 5-6 months, can find mouth with hands.
- By 6 months transfers object from one hand to another.

Language Skills

- Makes a variety of sounds, coos, may begin babbling.
- Turns eyes in the direction of sound (especially voice).

Social and Emotional Skills

- Smiles.
- Makes eye contact.
- Shows signs of attachment to important caregiver(s) (father, mother or usual day care provider).
- Responds differently to different people.

Thinking Skills

- Responds to environment: laughs, looks at objects making sounds.
- Begins to explore body.

Ways to Encourage Development

3-6 Months

Muscle Skills

- Provide lots of time for sitting up (support head and back until good head control is complete).
- Have brightly-colored toys within reach, use toys that child can hold with hands.
- Give toys with different textures (soft-rough).



Language Skills

- Speak, sing to child, use "adult" talk not "baby" talk.
- Use expressive language (happy voice, laughter, etc.).
- Respond to baby's coos and babbles with similar sounds.

Social and Emotional Skills

- Similar to younger ages.
- Cry begins to be different for hunger, discomfort, wanting attention, etc. Child still needs attention when he cries—you still can't spoil him!
- While in day care, have the same person care for the same babies as much as possible; this helps them learn to trust and develop relationships with others.

Thinking Skills

- Provide interesting toys like:
 - Toys that make noise; rattles, squeeze toys, stuffed animals with noisemakers inside.
 - Toys that can be reached for and held: crib gym, soft toy above crib to kick.
- Provide time for being near other infants and adults. Note: Babies at this age put objects in their mouths. Check all toys to be sure they don't have small pieces that could be swallowed. Hanging toys over cribs must be high enough so infant can't pull them down and become strangled by the cord.

6-9 Months

Developmental Tasks



Muscle Skills

- Sits alone without support, has good head control.
- Able to get from lying to sitting.
- Can pull self to stand up, may take a step while holding on.
- May crawl.
- Reaches out and grasps objects (rattles, toys).
- Looks for object that goes out of sight.
- Beginning self-feeding with finger foods, cup.

Language Skills

- May say "dada", "mama" but does not connect these words with specific people.
- Imitates speech sounds and noises.
- Turns and looks in the direction of sounds.
- Likes musical sounds, squeaky toys.

Social and Emotional Skills

- Begins to be shy or uneasy with strangers.
- May show strong preference or attachment to one or two people.
- Enjoys games like "pat-a-cake", "peek-a-boo", hiding a toy and then having it reappear.
- Smiles at self in mirror.

Thinking Skills

- Spends much of daytime awake and alert.
- Recognizes familiar people and objects.
- Is developing memory.

Ways to Encourage Development

6-9 Months

Muscle Skills

- Provide a safe environment so infant can creep, crawl and explore (see Preventing Accidents, pages 40-42 for important safety measures).
- Have lots of toys of different shapes, textures, colors. Be sure toys are safe (no small pieces or sharp edges).
- Provide finger foods infant won't choke on (teething biscuits, crackers, cheese, soft fruit slices).
- Let infant begin feeding self, trying to use cup with small amounts of fluids.



Language Skills

- Talk to infant, use descriptive words to comment on infant's activities.
- Praise when infant makes sounds.
- Imitate sounds made by infant.
- Provide squeaky or musical toys.

Social and Emotional Skills

- Try to provide same caregiver.
- Play games like "peek-a-boo", or making toys disappear and then immediately come back.
- Provide play time with infant.

Thinking Skills

- Continue using toys suggested for 3-6 month olds.
- As infant begins creeping or crawling, provide large, safe area to explore.
- See Preventing Accidents, pages 40-42 for childproofing the day care facility.

9-12 Months

Developmental Tasks



Muscle Skills

- Can get from lying down to sitting position, sits well alone.
- Creeps, crawls.
- Pulls self up to a standing position, may be able to stand alone, may take several steps while holding on.
- Can use thumb and fingers to grasp and hold objects.
- Holds cup and spoon.
- Has good hand-to-mouth coordination.

Language Skills

- Imitates sounds like clucking, lip smacking.
- Uses words such as "dada", "mama".
- May understand one or two simple commands.
- Begins to understand "no-no".

Social and Emotional Skills

- May still show fear with strangers; attaches to main caregiver(s).
- Very responsive to adult's smiles, voice, eye contact and play.
- Recognizes self in mirror.
- Begins to be interested in activities of others.

Thinking Skills

- Remembers toys, people.
- Curious about objects—likes to put things in and out of containers.
- Likes to pull a cover off a toy he has seen hidden.

Ways to Encourage Development

9-12 Months

Muscle Skills

- Think about safety—refer to section on preventing accidents in this book.
- Provide safe area with enough space for creeping, crawling.
- Let child pull self up to stand.
- Give toys like: spoons, plastic containers and cups, balls, large blocks, pots and pans.
- Play with a large soft ball—allow child to roll it, throw it, catch it.
- Be sure toys cannot fit into baby's mouth—choking is a big risk at this age.
- Have outside play time in a safe play area.



Language Skills

- Always take time to talk with child (while playing, bathing, changing diapers).
- Use "adult" talk, not "baby" talk.
- Make sounds the child can copy.
- Begin using simple commands and show child what your words mean (for example, "sit down," "come here"—use hand gestures at the same time).

Social and Emotional Skills

- Try to provide the same caregiver.
- Play with child—show how toys work—don't just give toys.
- Talk, smile, laugh and have fun!

Thinking Skills

- Provide toys which are right for the age and challenge the child to learn (like: "in and out" toys, "push-pull" toys, stacking cones, music boxes, jack-in-the-boxes).
- Teach child how toys work.
- Let child learn to help self, feed self.

1-1½ Years



Developmental Tasks

Muscle Skills

- Walks well by self.
- Stoops for an object.
- Walks backwards, climbs steps.
- Turns pages of a book.
- Stacks a few blocks.
- Begins interest in holding a pencil or crayon and scribbling.
- Holds cup.
- Eats with spoon, however may still be clumsy with it.

Language Skills

- Uses one word at a time.
- Learning new words rapidly, vocabulary increasing—should know at least 10 words (mama, dada, bottle, etc.).
- May make sounds that are not understandable to others.

Social and Emotional Skills

- Likes to copy adults (pretends to do housework).
- Curious and very interested in exploring.
- Developing sense of independence.
- Removes some clothing (socks, pants).
- Remembers people and objects even when they are not in sight.

Thinking Skills

- Looks for objects that have been hidden.
- Will try different ways to solve problems until learns what works.
- Imitates (copies) others.
- Memory getting better.

Ways to Encourage Development

1-1½ Years

Muscle Skills

- Provide safe play areas—frequently check for small objects that can be swallowed or sharp, dangerous objects.
- Provide both big muscle activities (climbing—outdoor play) and quiet play.
- Provide play with crayons, large paper, finger paints.
- Go on field trips (zoo, parks) to give varied experiences.

Language Skills

- Talk to child—be descriptive whenever possible. Use language to describe lots of things—if you are talking about snow, say that snow is cold and white.
- Encourage child to talk by being patient and listening; give child eye contact when he or she speaks to you. Respond—answer back.
- Don't pressure children to talk by commanding them or asking difficult questions.
- Encourage child to say words rather than always pointing.

Social and Emotional Skills

- Let child help with simple household tasks (like dusting, clearing dishes, setting table).
- Put on clothes that are easy to remove so child can undress self and be more independent.
- Give honest, simple explanations when you (or parent) leaves the child (for example: when parent drops off child at day care they should say good-bye—not sneak away).

Thinking Skills

- Give building toys (blocks, leggos, stacking toys).
- Let children spend time together (won't play together, but will play side by side).



1½-2 Years



Developmental Tasks

Muscle Skills

- Skills getting better (walks, runs, climbs steadier, jumps).
- Stacks more blocks.
- Can copy a straight line.
- Kicks and throws a ball.
- May be able to pedal a tricycle.
- Gains more control over bladder and bowel movements.

Language Skills

- Begins to combine 2 words.
- Can name some parts of body (ears, eyes, etc.).
- Can name pictures of common objects (cat, dog, man, house).
- Can follow simple 1-step directions ("bring the book to me").
- Should know about 270 words (either say or understand).
- Likes singing & rhymes.

Social and Emotional Skills

- Children play side by side not really interacting with each other—may do the same activity near others—no real idea of sharing.
- Begins to dress self—puts on simple clothing.
- Still likes to copy adults.
- Developing independence—beginning to say "no" when asked to do things or asked questions.

Thinking Skills

- Getting better at solving problems.
- Begins to play make believe/pretend.

Ways to Encourage Development

1½-2 Years

Muscle skills

- Have safe play area outdoors and indoors for using large muscles (running, climbing, throwing, jumping).
- Allow tricycle riding (supervised and in safe area).
- Supervise coloring and painting.
- Good toys and games are: blocks, toys to climb on, play house, dress-up toys, colorful picture books.
- Can begin toilet training.



Language Skills

- Play sound games ("a cow goes moo"); play naming games ("show me your nose").
- Sing, tell short rhymes.
- Encourage talking (same as for 1-1½ year old).

Social and Emotional Skills

- Let children begin to play with each other—expect mostly individual play but they do enjoy being near one another.
- Don't punish if refusing to share.
- Whenever possible give child choices so that he/she has an opportunity to exert control over situations (set your limits clearly before giving a child the choice).

Thinking Skills

- Provide picture books with large, bright pictures.
- Draw murals, large paintings and tell stories about these.

Nutrition

Infants and young children need to eat a balanced diet to grow properly and stay healthy. A balanced diet includes:

- Fruits and vegetables.
- Cereals and grains.
- Dairy foods and milk.
- Protein foods; meat, poultry, fish and beans.

The toddler and preschool years are an important time for children to develop good eating habits that may last a lifetime.

Feeding Infants (Birth to 1 Year)

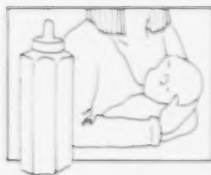
Infants should get breast milk or formula for the first year of life. In some cases, if an infant is eating a variety of foods, he/she may change to whole cow's milk after 6 months. A few years ago solid foods were recommended for very young infants. Now we recommend that infants under 4-6 months of age do not eat solids (including juices and cereals). Here are some of the reasons why infants under 4-6 months should not eat solids:

- Breast milk or formula meets all of their nutritional needs.
- Babies under 4-6 months do not have mouth, tongue or head control needed to swallow foods safely. Infants under 4 months will directly swallow cereal or any solid food without chewing. They are more likely to choke on solids swallowed this way.
- Young infants may have trouble digesting solid foods.
- Feeding solids early may cause babies to become overweight because they may receive more calories than they need.
- Solid foods will not help babies sleep through the night. They sleep through the night when their bodies and nervous systems mature and are ready to sleep more hours.

Many people have different ideas about infant feeding. Your day care should follow parents' guidelines for feeding their children. If you feel uncomfortable with how parents are feeding their children, talk to them about it and call one of the nutrition information resources listed in the **Community Resources** section of this handbook.

Introducing Foods

Birth



Recommended Foods

- Breast milk, or
 - Formula.
- Throughout the first year.

Comments

Breast milk or infant formula meets all of the infant's nutritional needs until 4-6 months.

Recommended Foods

- Infant cereal from spoon.
—Rice, oats, barley.

Comments

Introduce iron-enriched infant cereal. Use single grains starting with rice cereal first. Mix with infant formula or breast milk and feed from a spoon.

**4-6 Months****Recommended Foods**

- Vegetables and fruits, strained/blended.
- Fruit juice from cup.

sweet potatoes. Avoid fruits canned in heavy syrup. Hold off giving babies fruit juices until they can drink from a cup. Do not use fruit drinks or imitation drinks. Wait until 9 months before introducing orange juice.

**6-8 Months****Comments**

Babies often like yellow vegetables best, such as carrots, squash and

Recommended Foods

- Protein foods.
—Cottage cheese; yogurt; strained meats, chicken, fish, beans, egg yolk.
- Other infant cereals.
—Wheat, mixed grains.
- Mashed fruits and vegetables.
- Begin offering finger foods.
—Toast squares, Cheerios or Kix; cooked vegetables, peeled, soft fruit wedges or slices, small

tender pieces of meat.

Comments

Begin offering small amounts of protein foods, increasing the amount gradually. Do not leave a child alone with finger foods – may cause choking. Introduce orange juice from a cup.

**8-10 Months**

Foods Which May Easily Cause Choking

- Hot dogs.
- Hard candy.
- Raw carrots (unless finely shredded).
- Raw celery.
- Peeling on fruit.
- Foods with seeds (remove seeds from watermelon and grapes, cut oranges against the grain).
- Chunky peanut butter.
- Popcorn.
- Pickles.
- Nuts.
- Olives.

10-12 Months



Recommended Foods

- Food from family table (feeds self).
 - Vegetables and fruit.
 - Cereal, bread.
 - Whole egg.
 - Beans.
 - Fish, meats, chicken.
 - Cheese.

Comments

Give whole eggs at this time. Babies will start feeding themselves by picking up food with their fingers. Expect the baby to be very messy during this stage.

One Year



Recommended Foods

- Can drink whole milk from cup (buy Vitamin D fortified).

Comments

The first year of life is a period of rapid growth. You may notice the baby's

appetite drops off at this time. He/she may seem to have many likes and dislikes. Offer small amounts of a variety of good foods. Do not force a child to eat more than wanted.

Honey should never be given to infants under one year of age. It can lead to a very serious disease, infant botulism, that can even be fatal. Avoid honey in any form during the baby's first year. Honey is okay for children over the age of one and adults.

Offer the new food when infants are hungry and interested in eating (not when they are tired or feeling sick).

- Start with single foods, not mixtures (give rice cereal, not mixed grains).
- Introduce one new food at a time. Allow 5-7 days before beginning another new food. This is important because infants may have difficulty digesting a certain food and you will want to know which food caused the problem.
- Feed solid foods with a spoon. Don't put cereals or other solid foods in bottles.
- Begin with just 1-2 teaspoons of a new food.
- Put a small amount of food on a small spoon and place midway back on the tongue (not too far back or infant may choke).

Remember that all babies are different and like adults, they differ in how much they eat. Never force infants to eat. If they don't like a food, don't push it. Try it again in a few weeks or in a different form. As infants increase solids, they should decrease the amount of formula or breast milk they drink. The following are general guidelines for serving portions.

Tips for Giving New Foods to Infants

Guidelines for How Much to Feed Infants

Suggested Serving Portions for a 24 Hour Day

	6-7 months	8-9 months	10-12 months
Formula	Feedings every 3-5 hours (no more than 30-32 oz.)	No more than 32 oz.	No more than 32 oz.
or			
Breast Milk	Feedings every 3-5 hours	3-4 feedings	3-4 feedings
Cereal (mixed with formula, breast milk, or fruit juice)	2-4 tbsp.	4-7 tbsp.	¼-½ cup
Vegetables	2-4 tbsp.	½-1 cup (equals 1-2 4-oz. jars of baby food)	½-1 cup
Fruits	2-4 tbsp.	½-1 cup (equals 1-2 4-oz. jars of baby food)	½-¾ cup

Suggested Serving Portions for a 24 Hour Day

	6-7 months	8-9 months	10-12 months
Meat, beans, poultry, fish		2 tbsp. (1 oz.) or one egg yolk in one serving per day	1-2 oz. meat, cheese, mash- ed beans, egg yolks, tofu.
Juices (offer in a cup)		2-4 oz.	2-4 oz. serving once or twice per day

Washington state has day care licensing requirements that tell you what foods to serve in a day care facility. Day care facilities receiving money from the United States Department of Agriculture-Child Care Food Program (USDA-CCFP) also have food requirements. Centers on the USDA-CCFP should follow the USDA meal pattern. Centers on USDA-CCFP will meet or exceed the Washington state nutrition requirements **provided** foods high in Vitamin A and C are included in the meals. (Serve a source of Vitamin A 3 times a week; serve a source of Vitamin C daily). Vitamin A is found in dark green leafy vegetables or deep yellow vegetables; Vitamin C is found in citrus fruits and most fruit juices. For more information on meal planning contact those agencies listed under "Nutrition" in the Community Resources section of this handbook.

**Guidelines
for How
Much to
Feed
Children
Ages 1-6**

Suggested Daily Food Plan and Serving Portions

	1-3 Years	3-6 Years
Breakfast (include all 3 food groups)		
1. Milk (fluid)	½ cup	¾ cup
2. Juice or fruit	¼ cup	½ cup
3. Cereal and/or bread ¹ (enriched or whole grain)		
Cereal	¼ cup	⅓ cup
Bread	½ slice	½ slice
Mid-Morning or Mid-Afternoon Snack (Choose 2 out of the following 4 groups)		
1. Milk (fluid)	½ cup	½ cup

Suggested Daily Food Plan and Serving Portions

	1-3 Years	3-6 Years
2. Juice or fruit or vegetable	½ cup	½ cup
3. Cereal or bread ¹ (enriched or whole grain)		
Cereal	¼ cup	⅓ cup
Bread	½ slice	½ slice
4. Meat ² and meat alternates		
Lean meat, poultry, fish, or cheese	½ oz.	½ oz.
or eggs	½ oz.	½ oz.
or peanut butter	½ egg	½ egg
	1 tbsp.	1 tbsp.

Lunch or Dinner (include all 4 food groups)

1. Milk (fluid)	½ cup	¾ cup
2. Meat ² ; poultry, fish, cheese or egg	1 oz.	1 ½ oz.
or cooked dry beans or peas	1	1
or peanut butter	¼ cup	⅓ cup
	2 tbsps.	3 tbsps.
3. Vegetable and/or fruit ³	¼ cup	½ cup
4. Bread ¹ (enriched or whole grain)	½ slice	½ slice

¹ Or an equivalent serving of cornbread, biscuits, rolls, muffins, tortillas, rice, noodles.

² Cooked lean meat without bone.

³ Must include at least two kinds.

Dental Health

Normal Dental Growth

The lower two front teeth usually come in at about 6 months of age, although this may vary from 3-12 months. All the baby teeth (20 primary teeth) will be in by 2-3 years of age. Even though baby teeth are replaced by permanent teeth they are very important to children's appearance, for eating and speaking properly and act as guideposts (markers) for permanent teeth.

We often blame teething for illness caused by other health problems. Teething is normal but can cause some discomfort and fussiness.

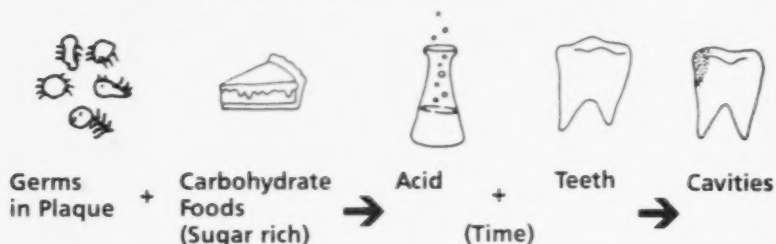
Dental Care for Small Children

Brush teeth with a small soft toothbrush as soon as they come in. In day care when it is not possible to brush after eating, have children rinse out their mouths with water. Rinsing with water helps to clean decay-causing foods from the mouth. Children should first visit the dentist between the ages of two and three.

Tooth Decay/Cavities

Small children can easily get tooth decay (cavities). Soft drinks, candy, baby formulas and even "health" foods such as raisins and granola bars can cause tooth decay. Foods most likely to cause tooth decay are ones which have sugar and stick to teeth and gums (like soft candy or raisins).

Teeth decay because germs (which build up on teeth) use food (left on teeth and gums) and make acid.



Ways to Prevent Tooth Decay

- Limit frequent snacking especially on foods high in sugar, dried fruits, and crackers.
- Daily brushing and flossing.

Infants' teeth decay from continual contact with the sugar in formula, milk or fruit juice. When babies go to bed sucking on a bottle filled with these fluids, sugar stays on their teeth and can cause serious tooth decay. Sucking on a bottle or sweetened pacifier all day long can also cause cavities. Children who have nursing-bottle mouth often have very bad cavities by the age of 1-1½ years.

Prevent nursing-bottle mouth by:

- Not giving children bottles in bed. If they insist on a bottle, give them one filled with water.
- Not giving children sweetened pacifiers.

Nursing- Bottle Mouth

Encouraging Emotional Health and Good Behavior

This section describes ways to encourage children's self-esteem (good feelings about themselves) and good behavior. Positive attention, effective play, praise, ignoring and time-out are ways to increase good feelings and behavior in children. They are techniques best used with normal children who do not have severe behavioral problems.

Positive Attention

Adults need to pay attention to children's good behavior. Too often we ignore children when they are playing quietly and give them a lot of negative attention (yelling and scolding) when they misbehave. Receiving adult attention is very important to children. They will act in ways that give them the most attention. If they get more attention and praise for good behavior than bad, they will tend to behave well. If they receive more attention for misbehaving, they will misbehave more often.

Effective Playtime

Playtime where adults let children lead in games helps the children learn to be creative, solve problems and experience positive attention. It is also fun for adult and child. Try having free playtime for at least 10 minutes every day. You can also use the following activities in many other activities throughout the day.

Ideas for Effective Playtime

- Let the child choose the activity.
- Try unstructured games where the child can be creative (such as blocks, leggos, playing house or building games). Structured or inactive games (like watching TV, reading a story, playing board games with lots of rules) are not good for effective playtime but can be used at other times.
- Let the child take the lead and tell you how to play. Follow the lead and do not criticize his/her ideas.
- Give your undivided attention during playtime; do not do something else at the same time.
- Get involved with the game.

- When the child talks, listen with your full attention. Look at the child. Do not interrupt or change the subject. Give him/her enough time to continue talking.
- Avoid asking questions, especially questions that ask the child to perform, such as, "What color is that block?"
- Avoid giving commands or telling the child what to do, such as, "Stack the blocks higher."
- Use a lot of descriptive words during playtime. Descriptive words show that you are watching and interested in what is happening. For example: "Now you're putting the blue block on the yellow one and making a really big tower."
- Give praise and affection during playtime.



Praise, like playtime, gives children positive attention and lets them know you like how they are behaving or what they are doing. If you praise children honestly for good behavior, they are likely to be good more often.

Praise

How to Give Praise

- Be excited and sincere (really mean what you say).
- Look children in the eye when you praise them.
- Smile; have a nice expression on your face.
- Get close or touch children when you praise.
- Be specific when praising. For example, say "You're putting your toys away very nicely" rather than "Good job."
- Do not follow praise with criticism. Do not say "You're eating really neatly, you usually make such a mess."
- Praise children for small steps in a task. Do not wait until they have finished the task.
- Praise children in front of other people whenever you can.
- Give praise immediately after the action, try not to wait before giving praise.
- Praise often, especially if children are trying something for the first time.

One way to decrease unwanted behavior is to ignore it. Children do things for attention. If they do not get attention for a behavior it will usually stop. Ignoring means that the child does not get any of your attention while he/she is misbehaving. Often when you first begin ignoring a behavior the child will increase the behavior in an attempt to get attention. Usually, if you keep ignoring the behavior it will decrease or stop.

Ignoring

How to Ignore Behavior

- Turn and look away from the child; give no eye contact.

- Move away from the child.
- Do not speak to the child, say nothing. Even words like, "I'm ignoring you" give attention to the child.
- Do not respond to the child's words.
- Do not show anger or laugh.
- Ignore the behavior immediately.
- Ignore the behavior every time it occurs.
- As soon as the unwanted behavior stops and the child is behaving well, give him/her attention and praise.

Time-Out

Time-out is a place where children go and spend time when they do something that is not acceptable. Sometimes you need to set very clear limits when children's behavior gets out of hand. Time-out is a useful way to teach children that some behavior is not acceptable. Adults often set up unnecessary power struggles with children because they do not carefully think about what children should be punished for. For example, it may not be important to argue with a child about which toy to play with, but it is important to set limits when a child is hitting someone else. Consider carefully whether it is important for you to set limits before getting into a power struggle with children.

Explain time-out to children beforehand. Be sure and let children know that they are not bad, but their behavior (what they do) is sometimes unacceptable. Tell children about time-out rules. If they need to go to time-out they should know:

- What to do.
- Where the time-out place is.
- How long to stay there, once quiet.

Time-out places can be a corner of a room, a hallway or any place where children are kept away from group activity, but safe from accidents or harm. Since you do not want to give any attention to the behavior, send children to time-out with little talking in a matter-of-fact way. Do not use time-out with children under 2; they cannot understand. Usually time-out lasts for one minute per year of the child's age. Take 2 minutes for a 2 year old, 3 minutes for a 3 year old and 4 minutes for a 4 year old. Timing should begin when the child is quiet.

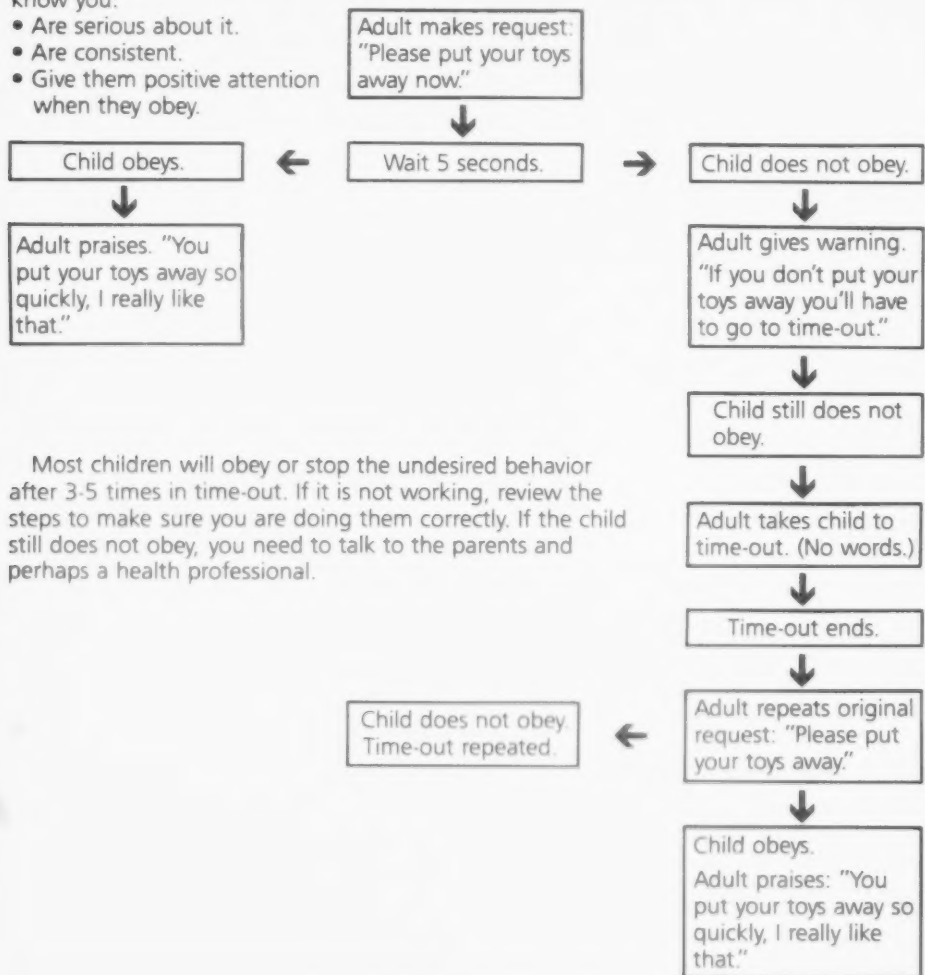
Steps for Time-Out

- When a child misbehaves tell him/her briefly what he/she did and that he/she must go to time-out.
- Ignore the child's words, pleas, insults, complaints. Do not scold, yell, argue, discuss or explain again.
- Be calm and firm.
- Put the child into time-out quickly. Do not push, shove or drag the child.

- Set a timer or look at a clock to mark the time. Do not start counting time until the child is quiet.
- Do not look at, touch, talk to or argue with the child in time-out. Do not let other children talk or play with him/her.
- When the time is up, in a calm voice, ask the child to come out. Do not yell or scold about the original behavior. If the child went to time-out for not obeying, immediately repeat the request; for example, "Please put the toys away now." If he/she does not respond, put the child back into time-out.
- Give praise for any good behavior as soon as possible after time-out.

At first you may find time-out hard, but children will obey if they know you:

- Are serious about it.
- Are consistent.
- Give them positive attention when they obey.



Most children will obey or stop the undesired behavior after 3-5 times in time-out. If it is not working, review the steps to make sure you are doing them correctly. If the child still does not obey, you need to talk to the parents and perhaps a health professional.

Child Abuse

As a day care provider you are often in a position to detect child abuse and help families get assistance for the problem. You also have a responsibility to make sure that child abuse does not occur in your day care setting.

What is Child Abuse?

Child abuse is harm or neglect of a child by a parent, relative, babysitter or any other adult. Child abuse occurs in all cultural, ethnic and income groups. Child abuse can be:

- Physical: such as hitting, burning, shaking, not providing food or other necessities.
- Emotional: not providing warmth, caring or enough supervision.
- Verbal: teasing, excessive yelling.
- Sexual: exposing or fondling genitals, performing sex acts with a child.

Effects of Child Abuse

Abuse can injure, kill or cause long-term problems in children such as:

- Emotional problems: depression, discipline problems, bedwetting.
- School problems: skipping school, change in grades.
- Teenage problems: juvenile delinquency.
- Adult problems: not making long-term relationships, problems raising their own children.

Your Duty as a Day Care Provider

In Washington State, day care providers are required by law to report cases of known or suspected child abuse.

The law says:

- It is your duty. You are required to report abuse or suspected abuse.
- If you have a suspicion that a child is being abused or neglected, and you report in good faith, you are immune from liability if your suspicion should prove incorrect. (That means you cannot be charged with any crime if you are wrong and the child is not being abused.)
- You are liable for a penalty if you fail to report. NOT reporting child abuse is a gross misdemeanor under the law.

In Seattle, cases of suspected or known child abuse should be reported to:

Child Protective Services (CPS)

Phone: **721-4115**

24 hours a day

7 days a week

Physical Signs of Abuse

- Child has unexplained or repeated injuries (welts, bruises, burns).
- Child has injuries that seem to take the shape of an object (bruises looking like the shape of a belt buckle, electric cord, wooden spoon).
- Child has injuries that don't make sense for his/her age (like bruises on the legs or bottom of a child too young to walk or climb).
- Unlikely or different explanations of injury given by parent and child.
- Child looks neglected:
 - Dirty.
 - Wrong clothes for weather.
 - Hungry or poorly fed.
 - Has health problems and is not getting medical or dental care.

Behavioral or Emotional Signs of Abuse

- Child has behavior problems like being very aggressive (hitting, bullying) or very withdrawn (shy, quiet).
- Child seems afraid of physical contact from parents or other adults.
- Child seems afraid to go home at the end of the day.

Signs of Sexual Abuse

- Child tells you he/she was sexually mistreated. Believe children when they tell you this. Children usually do not lie or make up these stories.
- Physical signs:
 - Problems walking or sitting.
 - Stained or bloody underwear.
 - Pain or itching in the genital or rectal area.
 - Bruises around the genital or rectal area.
- Behavioral and emotional signs.
 - Problems eating or sleeping.
 - Soiling or wetting pants or bed.
 - A lot of crying or sadness.
 - Withdrawing (becoming very quiet and shy).
 - Regressing (acting like a much younger child).
 - Knowing a lot about sexual acts (for age of child).

Families with the following kinds of problems or characteristics are more likely to abuse their children, especially if there is a crisis occurring such as pregnancy and birth of another child, separation and divorce, or death of a family member.

- Families who are isolated; have no friends, relatives, church or other support systems.
- Parents who tell you that they were abused as children.
- Families who are often in crisis (moving a lot, money problems).
- Parents who seem very critical of their child for his/her age.

Family Signs of Abuse

Child Abuse

- Parents who are very rigid in how they discipline their child.
- Parents who have trouble with drugs or alcohol.
- Parents showing either too much or too little concern for child.
- Parents who have a child they see as difficult (like mentally retarded, handicapped, or a premature infant) may be under a lot of stress which can lead to abusive behavior.

Community Resources

There are many agencies and resources in the Seattle-King County area that you can contact for more information or help. The following is a list of some of them. Call the Community Information and Referral Line (447-3200) or look in your phone directory for more complete listings.

Emergency Numbers

Fire or medical aid: 911
Seattle Poison Center: 526-2121

Preventing Illness in Day Care Settings

Seattle-King County Department of Public Health
Communicable Disease Section: 587-2774
Day Care Health Services
Seattle: 587-2761
King County: 344-6882

Illness and Children's Health Histories, Physical Exams and Immunizations

King County Medical Society: 621-9393
Seattle-King County Department of Public Health
Columbia City Public Health Center: 587-4650
Downtown Public Health Center: 587-2761
East Public Health Center: 344-6882
North Seattle Public Health Center: 367-6900
Southeast Public Health Center at Auburn: 852-8400 or 833-8400
Southeast Public Health Center at Renton: 344-6700
Southwest Public Health Center: 344-7474

Preventing Accidents

Seattle-King County Department of Public Health
Home Hazard Program: 587-4632
United States Consumer Products Safety Commission: 442-5276

Child Growth and Development

Child Development and Mental Retardation Center, University of Washington: 545-1242
Childfind, Seattle Public Schools: 587-6315
Children's Clinic and Preschool: 325-8477

Community Resources

Northwest Center Child Development Program: 281-9222
Northwest Speech and Hearing Center
North Office: 361-1763
West Seattle Office: 932-0983
Seattle Hearing, Speech and Deafness Center: 323-5770
Seattle-King County Department of Public Health
Day Care Health Services
Seattle: 587-2761
King County: 344-6882

Nutrition

American Heart Association of Washington: 632-6881
Cooperative Extension Service of King County: 344-2686
Seattle-King County Department of Public Health
Day Care Health Services Nutritionist: 587-2761
East Public Health Center Nutritionist: 344-6882
SE Public Health Center at Auburn: 852-8400 or 833-8400
SE Public Health Center at Renton: 344-6700
SW Public Health Center: 344-7474
State of Washington Department of Social and Health Services
Day Care Licensing Nutrition Consultant: 1-753-7254
Washington State Dairy Council: 632-9335

Dental Health

Seattle-King County Dental Society: 624-4912
Seattle-King County Department of Public Health Dental Clinics
Columbia City Public Health Center: 587-4650
East Public Health Center: 344-6882
North Seattle Public Health Center: 367-6900
Southeast Public Health Center at Auburn: 852-8400 or 833-8400
Southeast Public Health Center at Renton: 344-6700
Southwest Public Health Center: 344-7474

Child Abuse

Children's Protective Services (CPS): 721-4115 (24 hours)
Childhaven: 624-6477
Sexual Assault Center, Harborview Medical Center: 223-3047

Day Care Licensing Services

Centers and Mini-Centers: 721-4080
Day Care Homes
Burien/West Seattle: 433-1302
King/East: 455-7062
King/North: 545-7784
King/South: 872-2761
Rainier/Capitol Hill: 464-7405

Day Care Organizations and Support Services

Child and Family Resource Center: 625-2729

Crisis Clinic Day Care Referral Service: 447-3207

Department of Human Resources Family and Youth Services:
625-4370

Family Day Care Association of King County: 467-1552

North Seattle Community College: 527-3783

Seattle Central Community College: 587-6900

References and Additional Reading

Day Care and Child Protective Services

Write to: Health Education Unit
LB-12C
Department of Social and Health Services
Olympia, WA 98504
Ask for: Pamphlet #DSHS 22-176(x) (Rev. 10/82)

Day Care Centers and the Immunization Law Manual Immunization Records Worksheet

Write to: Immunization Program
Division of Health/DSHS
Air Industrial Park Building 14
Olympia, WA 98504

Diarrhea—What to Do—Information for Parents

Write to: Health Education Unit
LB-12C
Department of Social and Health Services
Olympia, WA 98504
Ask for: Pamphlet #DSHS 22-84A (Rev. 11/79)

Looking for Good Health Care at a Price You Can Afford?

Contact: Georgiana Arnold
Health Educator
Seattle-King County Department of Public Health
Public Safety Building, 15th Floor
3rd and James
Seattle, WA 98104 587-2788

Plants that Poison

Write to: Health Education Unit
LB-12C
Department of Social and Health Services
Olympia, WA 98504
Ask for: Pamphlet #DSHS 22-43 (Rev. 9/79)

Seattle Poison Center—A Guide to Poison Prevention and Treatment

Write to: Seattle Poison Center
Children's Orthopedic Hospital and Medical Center
P.O. Box C 5371
4800 Sand Point Way NE
Seattle, WA 98105

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Handbook Evaluation and Order Form

We plan to periodically update this handbook. Please respond to the questions below; your comments will be helpful to us.

Does this handbook meet your day care's needs? If not, why not?

What parts are confusing, incomplete or seem wrong?

What parts are particularly useful?

Could the format be improved?

What else should be included?

What should be omitted?

Other comments:

Name of your day care facility: _____

Address _____ Phone _____

City _____ State _____ Zip _____

Check one: ☐ Day Care Center
☐ Day Care Minicenter
☐ Day Care Home

Number of children: _____ Age Range: _____

Thank you for answering these questions.

Order Form

For additional copies of this handbook, fill out the form below and mail, enclosing a check or money order made out to the Seattle-King County Department of Public Health.

Price: \$ 8.00 per copy

Number of copies _____

Total amount enclosed _____

Name _____

Address _____

City _____ State _____ Zip _____

Mail to: Day Care Health Program
Seattle-King County Department of Public Health
Room 1406 Public Safety Building
Third and James
Seattle, WA 98104